CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber, M.D. — Title: Commissioner of Health — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls

C. P. Force — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED CITY AUDITOR

2. APPROVED CITY SOLICITOR

3. APPROVED CITY COMPTROLLER

4. APPROVED CITY TREASURER

5. APPROVED DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

M. D. R. 1268-B

83076 / 96490

HEALTH DEPARTMENT—CITY OF BALTIMORE

83076

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-4 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Louise Garris

(a) Residence: No. 1717 Orleans St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/27/32

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5 mos	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md -
(State or country)

FATHER

13. NAME Gordon Garris

14. BIRTHPLACE (city or town) D.C. - Md -
(State or country)

MOTHER

15. MAIDEN NAME Mamie Williams

16. BIRTHPLACE (city or town) Md -
(State or country)

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date ..... 19....

19. UNDERTAKER .....

(Address) .....

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1932 to Sept 16 1932

I last saw he alive on Sept 16 1932 Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart disease - cardiac failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. Eichelberger M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83077 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83077

CERTIFICATE OF DEATH

7-92-001

1. PLACE OF DEATH St Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Balt. Md. St. 12-61 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John Welch

(a) Residence: No. 2119 Huntington St., Ward. Fullerton Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Welch

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT [illegible]
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible], 193...

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-22-32

22. I HEREBY CERTIFY, That I attended deceased from 6-6-32, 19... to 9-22-32, 19...

I last saw him alive on 9-22-32, 19... Death is said to have occurred on the date stated above, at 2 15 A m.

The principal cause of death and related causes of importance were as follows: Rheumatic heart disease — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. A. Van Ormer, M. D.

(Address) St. Agnes Hos.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83078

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83078

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 So. Highland Ave St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Hagen.

(a) Residence: No. 818 So. Highland Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Hagen

6. DATE OF BIRTH (month, day, year) Apr. 4th 1871.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Hagen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Hagen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Hagen (wife)
(Address) 818 So. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept. 24 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1931 to Sept 21 1932

I last saw h[illegible] alive on Sept 21 1932. Death is said to have occurred on the date stated above, at 12 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
Nephritis	1931
Bronchopneumonia	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Conrad F. Hartman M. D.

(Address) 5537 Eastern Ave

M. D. R. 1268-3

E 83079

E 83079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 1316 St. [illegible] Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Cleveland Branson

(a) Residence: No. 709 Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mal	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Garland, N. Carolina

FATHER

13. NAME Henry Branson

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Sylvia Fenning

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Henry Bagner (Master)
(Address) [illegible] N. Carol[illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible] 19

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-30-31, 19 to 9-21-32, 19
I last saw him alive on 9-21-32, 19 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart failure	

Other contributory causes of importance:

Hypertensive Heart disease	
Chronic glom. tubular nephritis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. J. Chaires M. D.
(Address) Md. General Hospital

FILED SEP 23 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83080 E 83080

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 N. Calvert St. 12-5 Ward) 0

Length of residence in city or town where death occurred 42 yrs. - mos. - ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Willcox Jenkins

(a) Residence: No. 2800 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of W. Armour Jenkins

6. DATE OF BIRTH (month, day, year) Dec. 7, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Penn.

FATHER

13. NAME Mark Willcox

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penn.

MOTHER

15. MAIDEN NAME Ellen Lucas

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT W. Armour Jenkins
(Address) 2800 N. Calvert Street

18. BURIAL, CREMATION, OR REMOVAL
Place Long Green, Md. Date 9/24 19 32

19. UNDERTAKER Henry H. Mears & Son
(Address) 505 N. Calvert St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18th 1932 to Sept 22nd 1932

I last saw her alive on Sept 22nd 1932 Death is said to have occurred on the date stated above, at 2.25 P m.

The principal cause of death and related causes of importance were as follows:

Uraemia — Date of Onset 9.18.32
Ch. Interstitial Nephritis
following Toxemia of
pregnancy 35 yrs ago

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Edw. E. Van Ness, M. D.

(Address) 515 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83081

E 83081

CERTIFICATE OF DEATH

167

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead

CITY OF BALTIMORE: (No. Mercy Hospital ST., 5-8 (WARD)

2-FULL NAME Mary A. Jackson

(a) RESIDENCE NO 114 High ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Katherine Portious

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Out of work
(c) Name of employer

9 BIRTHPLACE (city or town) ...
(State or country) Md

PARENTS

10 NAME OF FATHER Thos. A. Jackson

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Police Record

(Address) 9/12/32

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bullet wound through brain Suicide

Sudden

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Pier no 6 Pratt St

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D.
Coroner

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph Md.

DATE OF BURIAL 9/23 1932

20 UNDERTAKER Henry F. Lautenbacher

ADDRESS 4101 Edmondson Ave

OVER

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83082

CERTIFICATE OF DEATH

E 83082

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 S. Pentalow St. 770-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emelie Colmenhaus

(a) Residence: No. 429 S Pentalow St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William Colmenhaus

6. DATE OF BIRTH (month, day, year): Nov. 22. 1866

7. AGE: Years 65 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Gustav Tattorig

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wm Colmenhaus

(Address) 429 S Pentalow St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date 9/24 1932

19. UNDERTAKER: J. M. Ott

(Address) 1217 E Lanvale St

20. FILED ... 19... Registrar.

A. 644.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 21 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/17 1932 to 9-21- 1932

that I last saw h[illegible] alive on 9-21- 1932 Death is said to have occurred on the date stated above, at 10.50 m.

The principal cause of death and related causes of importance were as follows:

Diabetes — Date of onset 2

Chronic Valvular Heart Disease (Mitral Murmur)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

9/21/32 (Signed) A. Kelly Hemming M. D.

(Address) 2000 Hollins St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83083

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83083

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1600 Guilford Ave Ward 14

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Howard McIlhenny

(a) Residence: No. 1600 Guilford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~WIFE of~~ Emma B McIlhenny

6. DATE OF BIRTH (month, day, year) July 28th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jas H. McIlhenny

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

MOTHER

15. MAIDEN NAME Alice Browning

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Annie N. Green
(Address) 1600 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 9/26/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 R. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1932 to Sept. 22 1932

last saw him alive on Sept. 22 1932 Death is said to have occurred on the date stated above, at 9.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - Nicting stroke	1922
Chronic Interstitial nephritis, Hunter	1924
Central Hemorrhage	Sept. 20
Cerebral Hemorrhage.	Sept. 22.

Other contributory causes of importance: Kid. Cystitis. Hypertrophic. about 1920

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Carter M. D.

(Address) 125 W. Mulberry St

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 83084 × 183 B 83084

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) East Fallsway (or) East ..... St., 3645 WARD)

2-FULL NAME William Pfeiffer

(a) RESIDENCE NO. ..... St., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Catonsville Md

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Pfeiffer

6 DATE OF BIRTH (month, day, and year) Aug 2 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	1	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Odd
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles Pfeiffer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Margaret Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs Margaret Pfeiffer
(Address) Catonsville Md

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowned

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) E J Herzog M.D. Coroner

, 19 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Sept 26 1932

20 UNDERTAKER Easton Long

ADDRESS Edmondson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 83085

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83085

CERTIFICATE OF DEATH

119

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) John's Hopkins ST. N. 37 WARD

2-FULL NAME Helen M. Plumhoff

(a) RESIDENCE NO. 3706 Chester Pl ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 23/32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Margaut Plumhoff

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Margaut Plumhoff

(Address) 3706 Chester Pl

15 Filed ....., 192 ..... Registrar

R. P. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) About 9 A.M. July 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Disturbance
Enteritis

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? Probably at home

Did an operation precede death? Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) J. S. Gibbons Coroner, M. D.

19 7/22/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mathews — DATE OF BURIAL Sept 24 1932

20 UNDERTAKER Philip Herrig — ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83086

E 83086

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St., 9-10 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Kratz

(a) Residence: No. 2218 Jefferson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Ida Kratz

6. DATE OF BIRTH (month, day, year) June 18, —

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Walter Kratz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Borg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 26 1932

19. UNDERTAKER Philip Herwig
(Address) 2016 Orleans St

20. FILED ..... 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-7 1932 to 9-23 1932

I last saw him alive on 9-23 1932 Death is said to have occurred on the date stated above, at 6.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Arteriosclerotic	Unknown

Other contributory causes of importance:

Myocardial Insufficiency Congestive	9-20-32
Hypertension	Unknown
Diabetis ~~Gangrene~~ Atrophic and Non diformans	Unknown

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
9-22-32 If so, specify

(Signed) Alice Hitchcock M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo 5-31 2508

83087 HEALTH DEPARTMENT—CITY OF BALTIMORE B 83087

CERTIFICATE OF DEATH

167-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 ASHLAND AVE St., 7-17 Ward)

Length of residence in city or town where death occurred 75 yrs. 8 mos. 28 ds. How long in U. S. if of foreign birth? 75 yrs. 8 mos. 28 ds.

2. FULL NAME KATE HOBINE

(a) Residence: No. 2402 ASHLAND St., AVE Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of WM. F. HOBINE

6. DATE OF BIRTH (month, day, year) DEC. 26 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 69
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) BALTIMORE
(State or country) MARYLAND

FATHER

13. NAME FREDERICK QUATY
14. BIRTHPLACE (city or town) GERMANY
(State or country)

MOTHER

15. MAIDEN NAME not know
16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT William F Hobine
(Address) 2402 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept 26 1932.

19. UNDERTAKER August Pasch.
(Address) 2406 Ashland Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29-32

22. I HEREBY CERTIFY, That I attended deceased from 9-10 19 32 to 9-25 19 32
I last saw h alive on 9-25 19 32 death is said to have occurred on the date stated above, at 4:30 p. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Bowels Opening 9-10-32
Dysentery

Other contributory causes of importance:

Acute Cardiac Dilatation 10 days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) W. J. Hobine M. D.
(Address) 402 Mulberry

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 83088 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83088

CERTIFICATE OF DEATH

X 145-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia L. Thompson

(a) Residence: No. Look Raven, Md. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Thompson

6. DATE OF BIRTH (month, day, year) Apr 7/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Summerfield, Md.

FATHER

13. NAME David Ayers

14. BIRTHPLACE (city or town) (State or country) Summerfield, Md.

MOTHER

15. MAIDEN NAME Mart Jane -----

16. BIRTHPLACE (city or town) (State or country) Summerfield, Md.

17. INFORMANT Josephine Ayers
(Address) 1104 Springfield, Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Long Green Date Sept-25 1932

19. UNDERTAKER Charles H. Burkett
(Address) 521 N Bradley St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1.07 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Emboli — Date of onset
Uterine Infarcts
Sepsis

Other contributory causes of importance:
Post Partum Infection-
Delivery full term one month ago

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jos W Green M. D.
Coroner

(Address) 1056 Hamp Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.-7-17-26—A Co.—200 Bks.

E 83089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83089

CERTIFICATE OF DEATH

161-004

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 16-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Watts

(a) RESIDENCE NO. 1032 N. Carey St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 6- 29- 32

7 AGE Years Months Days: 5

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto

(State or country) Md

PARENTS

10 NAME OF FATHER Joseph Watts

11 BIRTHPLACE OF FATHER (City or Town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Agnes Payne

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Agnes Watts

(Address) 1032 N. Carey St.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

7- 3- 32

17 I HEREBY CERTIFY, That I attended deceased from 6-29, 1932, to 7- 3- 32, 19

that I last saw her alive on 7- 3- 32, 19

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Haemorrhage Umbilical

8 Newborn

(duration) yrs. mos. 3 ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) J M Butler M. D.

7/3, 19 32 (Address) Provident Hosp

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lying up Hospital

Date of Burial 19

20 UNDERTAKER

ADDRESS

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83090

E 83090

CERTIFICATE OF DEATH

Registered No. 22 E 83090

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 23.28

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S. If of foreign birth 55 yrs. — mos. — ds.

2. FULL NAME Frederick Joram

(a) Residence: No. 2018 Wilhelm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Catherine Joram

6. DATE OF BIRTH (month, day, year) Mar. 26, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Jofam

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Sept. 27 19 32

19. UNDERTAKER George C. Schwab
(Address) 5101 Fredrick Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30 19 32 to Sept 23 19 32

I last saw h. alive on Sept 23. 1932 Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Nose	about 1920
Other contributory causes of importance: Bronchopneumonia	9/20/32

Name of operation none Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Elmer Hirshberg M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

Spec.—9-30—A. & Co.—250 Bks.

E 83091 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83091

CERTIFICATE OF DEATH. 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2620 Puget St. ST 25-32 WARD)

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edmund Brown

(a) RESIDENCE No. 2620 Puget ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	C	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Brown

6 DATE OF BIRTH (month, day, and year) 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
89				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bessie Perkins
(Address) 2620 Puget St.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-24-32

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1932, to Sept 23, 1932 that I last saw h[illegible] alive on Sept 23, 1932 and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis + Mitral Regurgitation

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Mansell Lawrence M. D.

, 19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL 9/27/1932

20 UNDERTAKER Mrs. Geo. H. Holland — ADDRESS 1601 Druid Hill

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 83092 1932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83092

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 15-23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Catherine Smith

(a) Residence: No. 1331 Wordyan St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Instonan

6. DATE OF BIRTH (month, day, year) 9/15/91

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME James Adams

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Mary Jane Bacon

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date 9-24 1932

19. UNDERTAKER Bryant Manning Wright
(Address) 1218 N Eutaw St

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1932 to Sept 21, 1932

I last saw her alive on Sept 21, 1932 Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas, with	
Lymphangitis	
Beta Hemolytic streptococcus Sept 21 32	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis: Bact. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline C. Edell, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83093

CERTIFICATE OF DEATH

131 E 83093

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 S. Carey St. 21 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Gross.

(a) Residence: No. 1121 S. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose.

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Repairing

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Hungarian

FATHER

13. NAME George Gross.

14. BIRTHPLACE (city or town) (State or country) Hungarian

MOTHER

15. MAIDEN NAME Hannah Kline

16. BIRTHPLACE (city or town) (State or country) Hungarian

17. INFORMANT Mrs. Rose Gross.
(Address) 1121 S. Carey st

18. BURIAL, CREMATION, OR REMOVAL
Place [redacted] Sept 25. 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1121 E Balto St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 5th 1931, to Sept. 22 1932.

I last saw h[e] alive on Sept 22 1932. Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Cardio. Renal - Vascular disease	1927
Myo Carditis	
Chr Nephritis	
Arterio-Sclerosis	

Other contributory causes of importance:

Pulmonary Oedema	Sept 20. 32

Name of operation None Date of ...
Clinical findings
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Michael A. Hammer, M. D.

(Address) 360 Eutaw Place

See instructions on back of certificate.
OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83094

CERTIFICATE OF DEATH

82-001

E 83094

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 N. Appleton St. 16-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 8 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie A. Childs

(a) Residence: No. 707 N. Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of the late Samuel N Childs

6. DATE OF BIRTH (month, day, year) Jan 1st 1863.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sol Phillips

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ethel M Murray

(Address) 707 N Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 9/24 1932

19. UNDERTAKER John J Cowne & Son

(Address) 901 Hollins St.

20. FILED ... 19... Registrar.

OCCUPATION IS VERY IMPORTANT. BE SURE TO GIVE IT.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/21 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Sept 21, 1932

I last saw her alive on Sept 21, 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/21/32

Other contributory causes of importance:

Chronic Myocarditis Arteriosclerosis	3/1/32

Name of operation no Date of ...

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Washington Kerr, M. D.

(Address) 5 W Lanvale St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83095 E 83095

CERTIFICATE OF DEATH

1460

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 E Pratt st St. 26-32 Ward)

Length of residence in city or town where death occurred ..... yrs. 24 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia Jungblut

(a) Residence: No. 3901 E Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rudolph Jungblut

6. DATE OF BIRTH (month, day, year) Dec 23 rd 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles H Gunther

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Katherine Freund

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Rudolph Jungblut
(Address) 3901 E Pratt st

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Sept 26 1932

19. UNDERTAKER John Ulrich & Sons
(Address) 1600 Orleans st

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 rd 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20- 1932 to Sept 23 1932

I last saw her alive on Sept 23 1932. Death is said to have occurred on the date stated above, at 6.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Eclampsia (Intra-partum)	

Other contributory causes of importance:

Name of operation Forcep delivery Date of Sept 23

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bertha Tapman Shamer M. D.

(Address) 3300 Best North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83096

CERTIFICATE OF DEATH

E 83096

179

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hosp. St. (8-24) Ward (8)

Length of residence in city or town where death occurred 1 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse Rohrer

(a) Residence: No. 820 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23 1931

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
1	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Kenwood G Rohrer

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna B Kenney.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Kenwood G Rohrer
(Address) 820 N Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 9-26 1932

19. UNDERTAKER Bernard C Harle
(Address) 1000 E Pace St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-15 1932 to 9-23 1932

I last saw HIM alive on 9-23 1932 Death is said to have occurred on the date stated above, at 6.36A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lead Encephalopathy	
Lead Poisoning	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury ..... 19.....

Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in **Industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) R. Richard Lovett, M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 83097

Registered No.

83097

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 14-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

1303½ Biscoe 1719 N. Bond St.

2. FULL NAME ... St., ... Ward.

(If non-resident give city or town and State)

(a) Residence: No. Johns Hopkins Hospital. (Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/23/32

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME WILLIAM BISCOE

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME HATTIE SOMERVILLE

16. BIRTHPLACE (city or town) MARYLAND (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Date Sept 24 19 32

Place [illegible]

19. UNDERTAKER (Address)

20. FILED ... 19 ... Registrar.

OCCUPATIONS is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 23. 1932 to Sept 23. 1932 Death is said I last saw h alive on Sept 23. 1932 at 8 10 m. to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4/23/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify ... M. D.

(Signed) Kaspar W. Jack

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 83098 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83098

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 17-34 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY. EASLEY 516 N. Preston St

(a) Residence: No. Johns Hopkins Hospital. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced WIFE of HUSBAND of

6. DATE OF BIRTH (month, day, year) 9/18/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ods

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME JAMES S. EASLEY

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

MOTHER

15. MAIDEN NAME MARY. CAIRS

16. BIRTHPLACE (city or town) (State or country) NORTH. CAROLINIA

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Medical College Date Sept. ... 19 32

19. UNDERTAKER

(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22/32 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 ... 1932 to Sept 22 ... 1932

I last saw him alive on Sept 22 1932 Death is said to have occurred on the date stated above, at 5-39 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	9/19/32
Other contributory causes of importance: Hemorrhagic disease of the newborn	9/19/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

no If so, specify ...

(Signed) ... M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83099

CERTIFICATE OF DEATH

157-003

E 83099

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME BABY HOLLAND

(a) Residence: No. Johns Hopkins Hospital St., 1716 N Rutland St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	BLACK	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/30/32

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ooo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible]

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME EMMA HOLLAND

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] College Date Sept 4, 1932

19. UNDERTAKER

(Address)

20. FILED [illegible], 19.... Date [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/4/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1932, to Sept 4, 1932

I last saw him alive on Sept 4, 1932 Death is said to have occurred on the date stated above, at 5:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aspiration pneumonia	9/1/32

Other contributory causes of importance: Congenital heart disease

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ralph Dr. Jr. M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION IS VERY Important. See instructions on back

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83100

CERTIFICATE OF DEATH

23 E 83100

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 15-21

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oreina Yearby (Oremia Cook)

(a) Residence: No. 1635 Presbury st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) June 20, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert B. Yearby

14. BIRTHPLACE (city or town) (State or country) Virginia ?

MOTHER

15. MAIDEN NAME Mary Frances Conway

16. BIRTHPLACE (city or town) (State or country) Virginia ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Med College Date Sept 24, 19 32

19. UNDERTAKER ...
(Address)

20. FILED SEP 25 19 32 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1932 to Sept. 20, 1932

I last saw her alive on Sept. 20, 1932 Death is said to have occurred on the date stated above, at 9.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1928
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Jas Shmoede M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 83101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83101

CERTIFICATE OF DEATH

Registered No. 1592

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 Oakland Av St 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Miller

(a) Residence: No. 533 Oakland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 23-37

7. AGE	Years	Months	Days	If LESS than 1 day 5 hrs. or 55 min.
		1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dorothy Miller

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dorothy Miller
(Address) 533 Oakland St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Sept 25 1937

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED Sept 25 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1937 to Sept 23 1937

I last saw her alive on Sept 23 1937 Death is said to have occurred on the date stated above, at 9:15 a m.

The principal cause of death and related causes of importance were as follows:

Prematurity
Malformation, Heart
Postmortem

Date of onset Sept 23

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

E 83102

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83102

CERTIFICATE OF DEATH.

23 V

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1826 N Mount ST. 15-21 (WARD)

2-FULL NAME Alberta Milbourne Conway

(a) RESIDENCE NO. 1826 N Mount ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	M

5a If married, widowed, or divorced (or) WIFE of Lafayette Conway

6 DATE OF BIRTH (month, day, and year) June 22 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... Home .....

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Ira Milbourne

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Cassie Hopsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Cassie Milbourne mother
(Address) 1826 N Mount st

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1932, to Sept 20, 1932, that I last saw h a alive on Sept 20, 1932, and that death occurred, on the date stated above, at 9 40 P. m.

The CAUSE OF DEATH* was as follows:

Pulm. Tuberculosis

(duration) ..... yrs. 8 mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) R. L. Gourley, M. D.

9/22 1932 (Address) 1424 E Monument st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dale's Island Md. DATE OF BURIAL Sept 24, 1932

20 UNDERTAKER Mrs. Ida B. Snowden ADDRESS 1720 E. Madison

TION is very important. See instructions on back of certificate.

Spec. 7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83103

146 ✓ E 83103

CERTIFICATE OF DEATH

1-PLACE OF DEATH Provident Hospital

REGISTERED NO. 27-55

City of BALTIMORE: (No.) St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Washington

(a) RESIDENCE NO. 5347 Dennison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo Washington

6 DATE OF BIRTH (month, day, and year): 1912

7 AGE: Years 20 Months Days

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housemaid 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore (State or country): Md

PARENTS

10 NAME OF FATHER: John W. Campbell

11 BIRTHPLACE OF FATHER (City or town): (State or country): Md

12 MAIDEN NAME OF MOTHER: Bessie Lewis

13 BIRTHPLACE OF MOTHER (city or town): (State or country): Md

14 Informant: Bessie Campbell (Address) 5347 Dennison Ave.

15 Filed ... 19 ... Registrar

P. P. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): September 22, 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932, to Sept 22, 1932, that I last saw h alive on Sept 22, 1932, and that death occurred, on the date stated above, at 1230 P m.

The CAUSE OF DEATH* was as follows: Acute Nephritis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary): Pregnancy

(duration) yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

Sept 22 1932 (Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Thomas Cem. Date of Burial: Sept 25 1932

20 UNDERTAKER: Samuel Stemley ADDRESS: McCulloh 28

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

2 1932

M. D. B. 1268-9

E 83104

E 83104 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Burrell Harrell
(a) Residence: No. Millwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-5-09

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

FATHER

13. NAME Bryant Harrell
14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Ada Bennett
16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 9/24/32 19

19. UNDERTAKER Joseph Ahern & Sons
(Address) 221 Bway

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932, to Sept 21, 1932
I last saw him alive on Sept 21, 1932. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor,	
malignant glioma	June 1932

Other contributory causes of importance: —

Cerebellar craniotomy
Name of operation ..... Date of 9/4/32

What test confirmed diagnosis Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M B Woodhall, M. D.
(Address) J. H. Hospital

M. D. B. 1268-9

Dr Baylon

E 83105 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83105

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4250 Eilmico Rd St., 45-58 Ward) 6

Length of residence in city or town where death occurred ..... yrs. 57 mos. ..... ds. How long in U. S. If of foreign birth? 56 yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Goldstein

(a) Residence: No. 4200 Eilmico Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Hr	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or, ... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pare

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Pitka

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fannie Goldstein
(Address) 4250 Eilmico Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Cemet Date 9/25/32 19

19. UNDERTAKER Jos Levin & Bro
(Address) 1439 E. Balto St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) SEP 23 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10 1930 to Sep. 23 1932
I last saw him alive on Sep 22 1932 Death is said to have occurred on the date stated above, at 7 50 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Arteriosclerosis	1930
Heart dilatation	

Other contributory causes of importance:

Arteriosclerosis	"

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nick Baylon M. D.

(Address) 7345 Eutaw Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83106 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83106

CERTIFICATE OF DEATH

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 14 Ward 20)

Length of residence in city or town where death occurred 10 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elisha Innes

(a) Residence: No. 702 Mosher St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year): 8-10-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Elisha Innes

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Emma Peck

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records Johns Hopkins Hospital.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 9/26/32 19.

19. UNDERTAKER: Samuel M Chase & Son
(Address) 628 N Eutaw St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept - 15, 1932 to Sept 23, 1932
I last saw h.im alive on Sept - 23, 1932. Death is said to have occurred on the date stated above, at 3 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	1926
Perforated gastric ulcer	9/17/32
Myocardial failure	9/20/32

Other contributory causes of importance:

Arteriosclerosis	
Peritonitis	9/17/32

Name of operation: Closure of perforated gastric ulcer Date of: 9/15/32
Posterior gastro-enterostomy

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Glenn Wilson Jr. M. D.

(Address) Johns Hopkins Hospital Baltimore, Md

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

83107 HEALTH DEPARTMENT—CITY OF BALTIMORE 83107

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Hospital for the Women of Baltimore Registered No. 48

CITY OF BALTIMORE: (No.) Lafayette & John St. [illegible] Ward) 14-30

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary Davis

(a) Residence: No. Hecht's Apt. Havre de Grace Md. Ware.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mr Edwin Davis

6. DATE OF BIRTH (month, day, year): 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): U. S. A. Delta, Pa.

FATHER

13. NAME: Mr Williams

14. BIRTHPLACE (city or town) (State or country): Delta Pa.

MOTHER

15. MAIDEN NAME: Caroline Morris

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: John M Davis

(Address): 2930 Odonnel St. Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place: Havre de Grace Md. Date: Sept 28 1932

19. UNDERTAKER: Geo. W. Meamston

(Address): 805 N. Eutaw St.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932, to Sept 24, 1932

I last saw her alive on Sept 24, 1932 death is said to have occurred on the date stated above, at 8:07 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri	3 years ago

Other contributory causes of importance:

Metastatic Carcinoma to Brain and Broad Ligaments

Name of operation: Insertion of Radium Date of: 9-21-32

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beverley R. Compston M. D.

(Address) Women's Hosp., Baltimore

AdCo. 5-31 250B

83108 WILLOUGHBY 83108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH Maryland State Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13-51 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Joseph B. Willoughby

(a) Residence: No. 3230 Kennick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Willoughby

6. DATE OF BIRTH (month, day, year) Jan. 21-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 020

10. Date decedent last worked at this occupation (month and year) Aug 5 1930. | 11. Total time (years) spent in this occupation 25 yrs.

12. BIRTHPLACE (city or town) (State or country) Plymouth North Carolina

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME —— Hollyman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Margaret A. Willoughby
(Address) 3230 Kennick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept. 26 1932

19. UNDERTAKER Horace E. Burgee
(Address) 3631 Falls Road

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-14 1932, to 9-22 1932

I last saw h.. alive on 9-22 1932 death is said to have occurred on the date stated above, at 5-59 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	9-14-32
Hypostatic Pneumonia	9-14-32
Myocardial Failure	9-22-32

Name of operation Incision & Drainage Date of 9-15-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Grace, M. D.

(Address) Md. Sanitarium

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 83109

E 83109 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

62-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2339 E Fayette St. 6-9 WARD)

2-FULL NAME Sarah Dunigan

(a) RESIDENCE No. 2339 E Fayette St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How Long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed or divorced
HUSBAND of
(or) WIFE of Chas Dunigan

6 DATE OF BIRTH (month, day, and year) May 18 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS
10 NAME OF FATHER Thomas Elliot
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md
12 MAIDEN NAME OF MOTHER Mary Hodges
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Blanche H. Neilson
(Address) 343 Cloverhill Rd.

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25 1932

17
I HEREBY CERTIFY. That I attended deceased from 3-18 1932 to 4-23 1932
that I last saw h alive on 4-22 1932
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Arterio-Sclerosis

(duration) 1 yrs. mos. ds.
CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) Edward J. Cook M. D.
11/23 1932 (Address) 413 N Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel — DATE OF BURIAL Sept 27 1932

20 UNDERTAKER M. Joe. Lyser — ADDRESS 1600 N Monroe St.

TION is very important. See instructions on back of certificates.

M. D. R. 1268-9

33110 35 HEALTH DEPARTMENT—CITY OF BALTIMORE E 33110

7647

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-4 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Kent

(a) Residence: No. 603 Keenan St., Ward. Wilson N Car

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Banner

6. DATE OF BIRTH (month, day, year) 7-10-1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Sept 26, 1932

19. UNDERTAKER Josiah Epper (Address) 1600 W. North Ave

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1932, to Sept 24, 1932

I last saw h.e alive on Sept 24, 1932 Death is said to have occurred on the date stated above, at 1 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Addisons Disease — Tuberculosis of Glands	1928

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry B. Neel M. D.

(Address) .....

M. D. B. 1269

83111 ✓ E 83111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hospital of the Good Shepherd

CITY OF BALTIMORE: (No. ..... St., 944 E. Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 65 yrs. ... mos. ... ds.

2. FULL NAME Anna Materna

(a) Residence: No. 1826 Bonaparte St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cyrill Materna

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Kleral

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Anna Kolda

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Cyrill Materna
(Address) 1826 Bonaparte

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Sept 16, 1932

19. UNDERTAKER Funk Funeral Home
(Address) 1900 Edmondson Ave

20. FILED ..... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1932, to Sept 22, 1932

I last saw h... alive on Sept 22, 1932. Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	
Metastasis to liver	
Extensive ulcer of duodenum with metastasis to liver	
Chronic nephritis	

Other contributory causes of importance:

Hypostatic pulmonary congestion	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Albert Kenned ..... M. D.

(Address) 26 Reids Hosp

M. D. B. 1268-9

83112 HEALTH DEPARTMENT—CITY OF BALTIMORE 83112

CERTIFICATE OF DEATH

26089 X 131v

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Casterlow

(a) Residence: No. 112 Chesapeake Ave. St., Ward. Towson Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Underwood

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Applebey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Cemetery Date 9/27/32

19. UNDERTAKER Ozmit Dardan

(Address) Upper Falls Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-25. 1932

22. I HEREBY CERTIFY, That I attended deceased from May-11. 1932. to Sept-25 1932

I last saw her alive on Sept 25. 1932 Death is said to have occurred on the date stated above, at 5:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic naphritis	Dec 1931.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Caroline C. Liddell M. D.

(Address) Johns Hopkins Hospital

Spec.—1-30—M. & T.—250 Blks

E 83113

83113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6000 Belloro Ave ST. 27-46 WARD

2-FULL NAME Ella B. Winston

(a) RESIDENCE NO. Edgewood Sanitarium ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Winston

6 DATE OF BIRTH (month, day, and year) March 11 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lexington Ky

PARENTS

10 NAME OF FATHER Thomas J. Barlow

11 BIRTHPLACE OF FATHER (city or town) (State or country) Paris Ky

12 MAIDEN NAME OF MOTHER Ella Barlow

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Paris Ky

14 Informant Barlow Winston (Address) Care Edgewood

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 25, 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Sept 25, 1932, that I last saw he alive on Sept 24, 1932, and that death occurred, on the date stated above, at 2:00 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) 5 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis H Truitt M. D.

, 19 (Address) 3600 Yolanda Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Circo-Texas

DATE OF BURIAL Sept 25 1932

20 UNDERTAKER Wm J Hickner & Sons

ADDRESS North & Pa

M. D. H. 1268-9

83114 E 83114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1744

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 19-27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gaetano Martinez alias Giuseppi Mirra

(a) Residence: No. 1422 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angelina Martinez

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Naples, Italy

FATHER

13. NAME Frederick Martinez

14. BIRTHPLACE (city or town) (State or country) Naples, Italy

MOTHER

15. MAIDEN NAME Assunta Marunello

16. BIRTHPLACE (city or town) (State or country) Naples, Italy

17. INFORMANT Anthony Virgello (Uncle)
(Address) 2375 Belmont Ave Bronx

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cemetery Date 1/26, 1932

19. UNDERTAKER [illegible]
(Address) 306 E. Baltimore St.

20. FILED ..., 19...
Registrar.

OCCUPATIONS IS VERY IMPORTANT.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 4/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to knife stab wounds of abdominal organs.

Date of onset 9/4/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 9/4/32, 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Knife (Knife)

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E Monument St

M. D. B. 1268-9

E 83115

E 83115 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 46-67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 Winterbourne Rd. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev Jeremiah R. Pardew

(a) Residence: No. 3311 Winterbourne Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Marie E. Pardew

6. DATE OF BIRTH (month, day, year) Sept 29th 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister of Gospel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bedford Co Pa.

FATHER

13. NAME Wesley Pardew

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Eliza Roberts

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Marie E. Pardew

(Address) 3311 Winterbourne Rd

18. BURIAL, CREMATION, OR REMOVAL Mountain View

Place Sharpsburg Md Date Sept 1st 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED Sept 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1932 to Sept 24 1932

I last saw him alive on Sept. 23 1932 Death is said to have occurred on the date stated above, at 11.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile cardio vascular disease	Gradual

Other contributory causes of importance:

Pulmonary embolism	
cardiac Dilatation	3 Days

Name of operation Cervical Hemiation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If ~~so~~, specify

(Signed) George M. Settle M. D.

(Address) 435 Maryland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83116

83116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

Registered No. 1410

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Yasel

(a) Residence: No. 413 N. Duncan St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth Yasel

6. DATE OF BIRTH (month, day, year) Aug 25th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	0	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

13. NAME Unknown

FATHER

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Elizabeth Yasel

(Address) 413 N. Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Sept 26th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED Sept 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on inquiry . 19 Death is said to have occurred on the date stated above, at 12.40 m A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia Rt Upper	?
General Arteriosclerosis	?
Syphilitic Aortitis etc	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Gilbert Evans M. D.

Coroner.

(Address) 500 E. North Ave

OCCUPATION IS VERY important

M. D. H. 1268-9

83117 HEALTH DEPARTMENT—CITY OF BALTIMORE 83117

CERTIFICATE OF DEATH

117 V -001

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 15-59 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John William Crowley

(a) Residence: No. 2115 N. Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 2nd 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Co.

FATHER

13. NAME Patrick Crowley (dead)

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ? (dead)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 9/28/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-17 1932 to 9-25 1932

I last saw him alive on 9-25 1932. Death is said to have occurred on the date stated above, at 1:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bleeding Gastric Ulcer	9-15-32

Other contributory causes of importance:

Carcinoma of pancreas	9-23-32
Inguinal hernia	1902

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) Maryland Gen. Hospital

OCCUPATION IS VERY important. See instructions on reverse side.

M. D. R. 1268-9

E 83118

E 83118 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

77-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Curley St. 6-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pierce T. Meagher, Jr.

(a) Residence: No. 417 N. Curley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Dec. 21 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Pierce T. Meagher, Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimorem Md.

MOTHER

15. MAIDEN NAME Anna K. Kanzler

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Anna K. Meagher

(Address) 417 N. Curley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Park Am Date 9/28/32

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED ... , 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25/32, 19 ... to Sept. 24/32, 19 ... I last saw him alive on Sept. 24/32, 19 ... Death is said to have occurred on the date stated above, at 1.25 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Strentococci Viridans infection of the heart, causing an endocarditis, myocarditis, and mural septicemia.

Other contributory causes of importance:

Lead poisoning.

Name of operation None. Date of ...

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? None. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Burkell. M. D.

(Address) 100 E. Lanvale Ave

Spec.—12 9 25—A C—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

83119 | 83119

CERTIFICATE OF DEATH.

1191

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1818 Bell St. St. 24-34 Ward)

2-FULL NAME Mary A. Lefkot

(a) RESIDENCE NO. 1818 Bell St St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds.

(If non-resident give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): June 24-1932

7 AGE — Years | Months: 3 | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country): Balto Md

PARENTS

10 NAME OF FATHER: Leon Lefkot

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Russia

12 MAIDEN NAME OF MOTHER: Mary Ross

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Balto. Md

14 Informant: Mrs. Mary Lefkot

(Address): 1818 Bell St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19: Sept 23 - 1932.

17 I HEREBY CERTIFY, That I attended deceased from Sept 21, 1932 to Sept 23, 1932, that I last saw h[illegible] alive on Sept 23, 1932, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Ileo Colitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. K. Campbell M. D.

Sept 23. 1932 (Address) 164 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross 9 9 25

Date of Burial 19

20 UNDERTAKER: Margaret G. Flynn

ADDRESS 1422 Light St

M. D. B. 1268-9

83120 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83120

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Duffy Garland

(a) Residence: No. 422 N. Spring st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 7, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Roxboro
(State or country) North Carolina

FATHER

13. NAME Henneson Duffy

14. BIRTHPLACE (city or town) Roxboro
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Sarah Bird

16. BIRTHPLACE (city or town) Roxboro
(State or country) North Carolina

17. INFORMANT Hospital Records
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date sept 26, 1932

19. UNDERTAKER Edward Bryan
(Address) 1631 Pleasant st

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1932, to Sepg. 21, 1932

I last saw him alive on Sept. 21, 1932 Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jas Skinner Jr M. D.
(Address) Baltimore City Hospitals

OCCUPATION IS VERY Important. See instructions on page 2

M. D. B. 1268-9

E 83121 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83121

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2700 Bayonne Ave St., 27-43 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie H Schudel

(a) Residence: No. 2700 Bayonne Ave St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Dec. 8. 1897.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Max Schudel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Boler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Max Schudel (father)
(Address) 2700 Bayonne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Sept. 27 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Dallas St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Sept 24 1932
I last saw her alive on Sept 23 1932 Death is said to have occurred on the date stated above, at 1:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion x	
Toxaemia	

Other contributory causes of importance: Pulmonary Tuberculosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. Lamar Schenck. M. D.
(Address) 7700 Harford Rd

9/27/32

M. D. B. 1268-9

E 83122 HEALTH DEPARTMENT—CITY OF BALTIMORE 83122

CERTIFICATE OF DEATH

131V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 S. Milton Ave. St., 1-3 Ward)

Length of residence in city or town where death occurred Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Rohde.

(a) Residence: No. 712 S. Milton Ave. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Rohde.

6. DATE OF BIRTH (month, day, year) Jan. 16 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 019

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Worker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Rohde

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret Rohde(Wife)
(Address) 712 S. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date Sept. 26 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1932 to Sept. 23 1932
I last saw ... alive on Sept. 22 1932 Death is said to have occurred on the date stated above, at 12:01 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eczema	Sept 19/32
Other contributory causes of importance: Chronic Interstitial nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Herman J. Gelsing, M. D.

(Address) 1900 Eastern Ave.

OCCUPATION IS VERY important.

M. D. B. 1168-9

E 83123

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83123

CERTIFICATE OF DEATH

2646

1461

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 22-30 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Baltuzzi

(a) Residence: No. 309 S. Sharp St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Miller

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME John Baltuzzi

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fanny Catz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records — Johns Hopkins Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy Date Sept 26 1932

19. UNDERTAKER Mary M. Medford
(Address) 507 E 22d St.

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1932 to Sept 23, 1932

I last saw h.. alive on Sept 23, 1932 Death is said to have occurred on the date stated above, at 7 10 p m.

The principal cause of death and related causes of importance were as follows:

carcinoma of head of pancreas.

Date of onset: symptoms May/32

Other contributory causes of importance:

Pneumonia

Name of operation Cholecystgastrostomy Date of 9/17/32

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Glenn Wilson Zeiders, M. D.

(Address) Johns Hopkins Hospital Baltimore, Md.

OCCUPATION IS VERY IMPORTANT. BE SURE QUESTIONS 8, 9, 10 AND 11 ARE ANSWERED.

M. D. B. 1268-9

E 83124 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83124

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2120 E. Balto St. 6-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 13 yrs. ... mos. ... ds.

2. FULL NAME Sylvia Rubenstein

(a) Residence: No. 2120 E. Balto St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Moses Rubenstein

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mary Bernil

(Address) 2120 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rest Date 9/16/32

19. UNDERTAKER Cash Levin Sons

(Address) 1439 E. Balto St.

20. FILED ... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 25/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h alive on ... . 19 ... Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

Probably Cardiac Embolism

Date of onset

Other contributory causes of importance:

Extirpation of large benign ? growth left inguinal-thigh two weeks ago.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Jos H Green . M. D. Coroner

(Address) 508 E Monument

M. D. B. 1268-9

83125 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83125

CERTIFICATE OF DEATH

23v

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 23-31 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Buster Brown Stewart

(a) Residence: No. 1008 S. Sharp st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Gertrude

6. DATE OF BIRTH (month, day, year) Aug. 23, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Stewart

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Robinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Ct Date 9/26/32 19

19. UNDERTAKER Frank E Burns & Son

(Address) 109 N Montgomery St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 23 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26 1932 to Sept. 23 1932

I last saw him alive on Sept. 23 1932 Death is said to have occurred on the date stated above, at 10.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H B Hendler M.D. M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

83126 HEALTH DEPARTMENT—CITY OF BALTIMORE 83126

CERTIFICATE OF DEATH

122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St. 1 Ward) 25

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia Goodwin

(a) Residence: No. 145 Druid Hill St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Geo Goodwin

6. DATE OF BIRTH (month, day, year): Apr 14 1853

7. AGE: Years 79 Months 5 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Ethel Thompson

(Address) 145 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL: Ft Auburn Dec Sept 26 1933

19. UNDERTAKER: Samuel J Stansbury

(Address) 78 N Eutaw St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1933

I last saw h alive on Sept 25 1933 Death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

Duration of each

Acute Intestinal Obstruction

Fecal

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Leith Coroner M. D.

(Address) Coroner

M. D. R. 1268-0

83127 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83127

CERTIFICATE OF DEATH

124-002

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital; St. 15-68 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Block

(a) Residence: No. 1706 N. Smallwood St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 10 01

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Reuben Block

14. BIRTHPLACE (city or town) (State or country) Kelm, Russia

MOTHER

15. MAIDEN NAME Rebecca Feldman

16. BIRTHPLACE (city or town) (State or country) Kelm, Russia

17. INFORMANT Celia Lybl Block
(Address) 1706 N Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Harmony Hill Date Sept 26 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1126 E Baltimore St

20. FILED Sept 26 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1932 to Sept 26, 1932

I last saw h-r alive on Sept 26, 1932 Death is said to have occurred on the date stated above, at 1:26 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation,	9-25-32
Other contributory causes of importance: Atrophic cirrhosis of liver	5-15-32

Name of operation Exploratory Laparotomy Date of 9-24-32
cholecystostomy

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. Cohen, M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on reverse side.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83128

E 83128

CERTIFICATE OF DEATH

167V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2050 Fountain St., 2-4 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Chelstowski

(a) Residence: No. 2050 Fountain St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	30	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

FATHER

13. NAME William Chelstowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antonia Zalenski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT William Chelstowski
(Address) 2050 Fountain St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date Sept 27, 1932

19. UNDERTAKER John M. Weber
(Address) 1211 E. Baltimore St

20. FILED ..... 19 P.K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .., to ..... 19 ..

I last saw h alive on ..... 19 .. Death is said to have occurred on the date stated above, at 6 P m

The principal cause of death and related causes of importance were as follows:

Gun Shot wound of head, Suicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury Sept 24, 1932

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gunshot Wound

Nature of injury Laceration of Brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) J. A. Reisinger M. D.
Coroner

(Address) 1605 Fallsway City

M. D. B. 1268-9

E 83129

E 83129 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-002

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No.) 110 Broadway St., 9-Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Thos. H. Brettholl

(a) Residence: No. 1900 E 28th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline E. Brettholl

6. DATE OF BIRTH (month, day, year) August 22, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) August 1932

11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry C. Brettholl

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Amelia Battenfield

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Caroline Bettholl (Wife)

(Address) 1900 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery Date Sept. 26. 1932

19. UNDERTAKER Henry Sander & Sons, Inc. Geo. F. Sander

(Address) Baltimore St. & Broadway.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1932, to Sept 22nd, 1932

I last saw h... alive on Sept 22nd, 1932. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Sept 22, 1932

Other contributory causes of importance:

Hypertension	
Chronic Myocarditis	
Chronic Nephritis	

Name of operation Cholecystogastrostomy Date of Sept 22 32

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Richard C. Cumming, M. D.

(Address) The Church Home and Infirmary

M. D. B. 1268-9

E 83130

E 83130

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 146

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 E Hope St., 9-18 Ward)

Length of residence in city or town where death occurred 44 yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth: ... yrs. ... mos. ... ds.

2. FULL NAME Margaret M. Leach

(a) Residence: No. 1827 E Hope St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE (or) WIDOW of Mrs. George F. Leach

6. DATE OF BIRTH (month, day, year) August 11 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Conrad Bitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. George F. Leach

(Address) 1827 E Hope St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemy Sept. 28 1932

19. UNDERTAKER Henry Hoech Sons Inc.

(Address) 1301 E Eager St

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-22 32 to 9-25 32

I last saw h... alive on 9-25 32: Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	9/24/32
Eclampsia (Postpartum)	9/22/32

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ... 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury None

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Weiss M. D.

9/26/32 (Address) 1500 N Broadway

M. D. E. 1268-9

83131 HEALTH DEPARTMENT—CITY OF BALTIMORE 83131

CERTIFICATE OF DEATH

50

Registered No. 28-63

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4115 Groveland Avenue St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 1 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Josephine Flanigan

(a) Residence: No. 4115 Groveland Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Patrick Flanigan

6. DATE OF BIRTH (month, day, year) August 6, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Connor

14. BIRTHPLACE (city or town) ------ (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McGinity

16. BIRTHPLACE (city or town) -------- (State or country) Ireland

17. INFORMANT Edward B. Flanigan

(Address) 4115 Groveland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 9/27 19 32

19. UNDERTAKER Henry U. Mears and Son

(Address) 805 N. Calvert St.

FILED SEP 26 1932 19 Thomas J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932 to Sept 25, 1932

I last saw her alive on Sept 25, 1932 Death is said to have occurred on the date stated above, at 9:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ia Post operative recurrent Carcinoma of right breast.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. G. Dunn M. D.

(Address) Med. Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83132 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ E 83132

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Eastern ave. St., 1-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Deasel

(a) Residence: No. 2309 Eastern ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Deasel

6. DATE OF BIRTH (month, day, year): Oct. 12 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John Weidner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Redler

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Mary Winterling
(Address) 2309 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Sept. 28. 1932

19. UNDERTAKER: Martin W.C. Diffel inc.
(Address) 32 E Lanvale St.

20. FILED SEP 2 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 24. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20. 1932 to Sept. 24 1932
I last saw her alive on Sept 24. 1932 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Sept 22
Chronic myocarditis	?

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....

(Signed) George D. Lippy, M. D.

(Address) 432 S. Patterson Park Ave

OCCUPATION is very important. See instructions on back of this sheet.

1-30—M. & T.—100 B—50L.

E 83133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83133

CERTIFICATE OF DEATH

119

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Jackson St. ST. 24-33 WARD)

2-FULL NAME Richard E. Jones.

(a) RESIDENCE NO 1424 Jackson St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND) of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 6, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	8	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Robert H. Jones.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Mabel A. McKay.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mabel A. Jones. (mother)
(Address) 1424 Jackson St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 25, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Bernhardt, M. D. Coroner

9/25/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Brooklyn | DATE OF BURIAL Sept 27 1932

20 UNDERTAKER Wm Cook | ADDRESS 1217 St Paul

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83134 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83134

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5256 N Charles St. 27-55 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME D. Frayk. Clarke

(a) Residence: No. 5255 N Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Clarke

6. DATE OF BIRTH (month, day, year) Feb 21, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John F. Clarke

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie L. Bellmyer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary E. Clarke

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Sept 27, 1932

19. UNDERTAKER Geo. W. Little

(Address) 2300 Edmondson ave.

20. FILED SEP 26 1932 Huntington Park, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24- , 1932

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19...

I last saw h... alive on ... , 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John H. Montgomery, M. D.

(Address) 1112 Roland ave. Coroner

83135 E 83135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Monument St. 5-6 (Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mandell Moody

(a) Residence: No. 1011 Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23-32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Justin Bacon
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mandell Moody
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Justin Bacon
(Address) 1011 Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Sept 26, 1932

19. UNDERTAKER Mrs. Ida B. Frankland
(Address) 1020 E. Madison St.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1932, to Sept 23, 1932

I last saw her alive on Sept 23, 1932 death is said to have occurred on the date stated above, at 9:47 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	Sept 6 1932
enteritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) Geo. S. Allen, M. D.
(Address) 507 Lexington St

M. D. B. 1268-9

E 83136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83136

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Poplar Grove St. 16-47 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Clarke

(a) Residence: No. 1516 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles E. Clarke

6. DATE OF BIRTH (month, day, year) May 11, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Timothy Dwyer

14. BIRTHPLACE (city or town)
(State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Tully

16. BIRTHPLACE (city or town)
(State or country) Ireland

17. INFORMANT Mr. Robert Clarke
(Address) 1516 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER Joseph B. Cook
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1932 to September 24, 1932

I last saw h alive on Sept 23, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uraemia	9/21/32
Chronic Interstitial Nephritis	1931
b Myocarditis	1930

Other contributory causes of importance:

Arteriosclerosis	Autumn

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. O'Neill, M. D.

(Address) 106 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE 83137

83137

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 501 N. Highland ave St., 26-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa F. Lawyer

(a) Residence: No. 501 N. Highland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Married

5a. If married, widowed, or divorced (or) WIFE of Joseph F. Lawyer

6. DATE OF BIRTH (month, day, year) Feb. 9th 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER FATHER

13. NAME Fischer
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Eshbach
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Joseph F. Lawyer 501 N. Highland ave

18. BURIAL, CREMATION, OR REMOVAL Place Steubenville Date Sept 27 1932 Ohio

19. UNDERTAKER (Address) John A. Moran 3000 E. Baltic St. Huntington, West Virginia

20. FILED 9-29-1932 Registrar.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 8th, 1932, to Sept 24th, 1932

I last saw h[illegible] alive on Sept 24th, 1932 death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	9-24-32

Other contributory causes of importance:

Chronic myocarditis and myocardial degeneration	1917

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Absolute Greenfield

(Signed) ... M. D.

(Address) ...

E 83138

645509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Noble

(a) Residence: No. Gibsland La. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced [illegible] of (or) WIFE of H. L. Evans

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisiana

FATHER

13. NAME Matthew White

14. BIRTHPLACE (city or town) (State or country) Ala.

MOTHER

15. MAIDEN NAME Louise Rudges

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Gibsland. LA Date 9/26/32 19

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24. 1932 to Sept 25. 1932

I last saw h[illegible] alive on Sept 25. 1932 Death is said to have occurred on the date stated above, at 5 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Sarcoma - metastases to Brain, lungs, liver	July 32

Other **contributory causes** of importance:

Name of operation Trephine & Air Inj. Date of 9-24-32

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. R. Woodhall M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Bks.

E 83139

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83139

CERTIFICATE OF DEATH.

119

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1623 Lancaster ST. 3-4 WARD)

2 FULL NAME John J.Borrows, Jr.

(a) RESIDENCE NO. 1623 Lancaster ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 0 yrs. 3 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSHAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20- 1932.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore,
(State or country) MD.

PARENTS

10 NAME OF FATHER John J.Borrows, Sr.

11 BIRTHPLACE OF FATHER (city or town) Baltimore,
(State or country) MD.

12 MAIDEN NAME OF MOTHER Helen Ciupinski,

13 BIRTHPLACE OF MOTHER (city or town) Baltimore,
(State or country) MD.

14 Informant John J.Borrows, Sr..
(Address) 1623 Lancaster St

15 Filed [illegible] 19 [illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 25/32

17

I HEREBY CERTIFY, That I attended deceased from Sept. 24 , 19 32 , to Sept. , 19 32

that I last saw h[illegible] alive on Sept. 25 , 19 32

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diarrhoea & Enteritis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY Convulsions
(Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) G. F. Keis M. D.

Sept. 26 , 19 32 (Address) 24 E Mt Royal

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. DATE OF BURIAL Sept. 27 1932

20 UNDERTAKER [illegible] F. Sadowski ADDRESS 1920 Eastern Ave

ATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 83140 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

159 E 83140

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 12-49 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Premature Edwards

(a) Residence: No. Belair, Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 25, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

FATHER

13. NAME Gus Shade Edwards

14. BIRTHPLACE (city or town) ? North Carolina (State or country)

MOTHER

15. MAIDEN NAME Rosie Baker.

16. BIRTHPLACE (city or town) Smith County (State or country) Virginia

17. INFORMANT Mrs. Gus Edwards

(Address) Belair

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date SEP 26 1932

19. UNDERTAKER: Commissioner Health.

(Address) ...

20. FILED SEP 26 1932, 19 ... Registrar.

OCCUPATION IS VERY Important. See instructions on back

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25 - 4:45 AM 1932 to Sept. 25 - 12:30 PM 1932

I last saw h[illegible] alive on Sept. 25, 1932 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 mos) (Premature Delivery)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Guy M. Hawes, M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

63 E 83141

83141

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Joseph's Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 9-19 Ward)

Length of residence in city or town where death occurred 3 yrs. 9 mos. 26 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Charles Kelmar

(a) Residence: No. 1306 Aisquith St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Colored

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Dec 1, 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Earle Kelmar

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Viola H. Anderson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Viola H. Kelmar
(Address) 1018 Bayles St. Canton

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date Sept 29, 1932

19. UNDERTAKER Edgar W. Cooksey
(Address) 922 E. Eager St.

20. FILED ... Registrar.

OCCUPATION IS VERY IMPORTANT. SEE THAT IT IS FILLED IN.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1932, to Sept 26, 1932

I last saw him alive on Sept. 26, 1932. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Rickets	

Other contributory causes of importance:

Name of operation T & A Date of 9/12/32

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.

(Address) St Joseph's Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83142 E 83142

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 36-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 33/4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Yeager

(a) Residence: No. 3711 Gough St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Yeager

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Evelyn Fisher

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mother - Evelyn Yeager
(Address) 3711 Gough St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 9-27- 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1932 to Sept 26, 1932

I last saw him alive on Sept 26, 1932 Death is said to have occurred on the date stated above, at 1:05 P. m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Diarrhea	about	8-22-32
Marasmus	"	8-1-32
Bronchitis	present	9-16-32
Broncho pneumonia		8-24-32

Other contributory causes of importance:

Broncho - pneumonia	8-24-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so specify .....

(Signed) Breanne Berling, M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

Dr Strickler 627 Fernwood Ave Bal 6506

HEALTH DEPARTMENT—CITY OF BALTIMORE

83143

CERTIFICATE OF DEATH

E 83143

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 E 32nd St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie May Whitaker

(a) Residence: No. 601 E. 32nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Eugene Grant Whitaker

6. DATE OF BIRTH (month, day, year) May 17th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Spencer Burgess
14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Sarah V. Hoffman
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Sarah M. Whitaker
(Address) 601 E. 32nd St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 9/29/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1932 Hunter Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1932, to Sept 26, 1932

I last saw her alive on Sept. 26, 1932. Death is said to have occurred on the date stated above, at 11.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrage	Sept 26.
	Sudden

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) K. J. Strickler M. D.

(Address) 632 Fernwood Ave

OCCUPATION IS VERY important. Use terms that will show whether actively engaged in any occupation or trade, and if so, what kind of work was done during the greater part of working life, even if person was retired or unemployed at time of death.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

83144 23 E 83144

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Lemmon Ave 13-5 Ward)

Length of residence in city or town where death occurred 20 yrs. 0 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew C. Savilisky

(a) Residence: No. 1023 Lemmon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married (nee Smith)

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Fannie Savilisky

6. DATE OF BIRTH (month, day, year) Nov. 24 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46.	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stoker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eckhart Md

FATHER

13. NAME Vincent Savilisky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna Dalavobich

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Helen Reid

(Address) 1226 N. Gay st.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park National Cem. Date 9/28/ 1932.

19. UNDERTAKER J. Walter Davis

(Address) 3418 Eastern Ave.

20. FILED 10 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25/ 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 16 1932, to Sept 25 1932

I last saw him alive on Sept. 24 1932 death is said to have occurred on the date stated above, at 1.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	3/1/32
Other contributory causes of importance:	
Coma	3/1/32

Name of operation None Date of

What test confirmed diagnosis? Clinical & Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B-A Funeral M. D.

(Address) 3615 Fall Rd

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK.

DEC 1932

M. D. B. 1268-9

E 83145 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 83145 — Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1337 Woodyear (St.) 15-23 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ortie Boswell
(a) Residence: No. 1337 Woodyear St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Chester.
6. DATE OF BIRTH (month, day, year): Dec 1897
7. AGE: Years 35 | Months 9 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: unk
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Chester Boswell
(Address): 1337 Woodyear
18. BURIAL, CREMATION, OR REMOVAL: Mt Calvary
Place: Mt Calvary Date: 9/29, 19 32
19. UNDERTAKER: Rayner Sadler
(Address): 1413 E Preston St
20. FILED: , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 27, 19
I HEREBY CERTIFY, That I attended deceased from 19 to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Sud dau	

Other contributory causes of importance: (over)

Name of operation: Regular Date of
What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A Funk Coroner, M. D.
(Address)

M. D. R. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83146

CERTIFICATE OF DEATH

137 E 83146

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr Thomas J German

(a) Residence: No. 1826 N Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Belle (Price) German

6. DATE OF BIRTH (month, day, year) June 3, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	3 4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 8/32

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mr Thomas R German

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Miss Josephine Scott

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Mrs Belle German (Address) 1826 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 9/27/32 19...

19. UNDERTAKER George E Ruth Mgr (Address) 25 N Gay St Balto Md

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1932

22. I HEREBY CERTIFY, That I attended deceased from September 12, 1932, to September 25, 1932.

I last saw him alive on September 25 1932 Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
1.	Respiratory Failure	9/25/32
2.	Renal Insufficiency (Uremia)	9/19/32
3.	Uremia	9/9/32

Other contributory causes of importance:

(1) Hypertrophy of Prostate

(2) Acute retention of Urine with haemorrhage from bladder (cutting).

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. L. Chaney M. D.

(Address) Md. General Hospital

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83147

CERTIFICATE OF DEATH

84- E 83147

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Myrle Kohler

(a) Residence: No. 2030 East Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 3/1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME William F. Kohler

14. BIRTHPLACE (city or town) (State or country) York. Pa.

MOTHER

15. MAIDEN NAME Florence V. Coulter

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT William F. Kohler
(Address) 2030 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 7/27/32 19

19. UNDERTAKER George J. Ruth Inc
(Address) 1725 Harlem Ave

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 13/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	24 hrs
Otitis Media	2 wks

Name of operation Spinal Puncture Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John A Cullen M. D.
Coroner

(Address) 5066 Montana

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83148 23E 83148

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4003 Garrison Ave St.) (Ward 15-63)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Virginia Curry

(a) Residence: No. 4003 Garrison Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Newman B. Curry

6. DATE OF BIRTH (month, day, year) Aug 27 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown Bowers

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Milton Curry
(Address) 4003 Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Sept 27 1932

19. UNDERTAKER Hughes & Jones Inc
(Address) 424 N. Fulton Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1932 to Sept 25 1932

I last saw her alive on Sept 25 1932 Death is said to have occurred on the date stated above, at 9:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Condition Intestines	20 yrs.

Other contributory causes of importance:

Shock Hemorrhage Pulmonary	4 hrs

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how? ...

(Signed) E. Gibson M. D. M. D.

(Address) 800 N Fulton Ave

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

83149 B 83149

CERTIFICATE OF DEATH

162

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 3 W. Garrison Ave St. 15-63 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Norman Denton Conroy

(a) Residence: No. 400 3 W. Garrison Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE Ida V. Conroy

6. DATE OF BIRTH (month, day, year) Feb 28 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Carroll co Md

MOTHER

13. NAME John I. Conroy

14. BIRTHPLACE (city or town) (State or country) Va

FATHER

15. MAIDEN NAME Agnes Palmatier

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm Conroy

(Address) 400 3 W Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Sept 28 1932

19. UNDERTAKER Stephens & Jones Inc

(Address) 424 St. Broadway

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Sept 25 1932

I last saw him alive on Sept 25 1932 death is said to have occurred on the date stated above, at 5:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Debility	1 yr.

Other contributory causes of importance:

Cardiac Arthemia	Sept 23rd

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E W Jones, M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83150

23 E 83150

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 4-26 (St. and Ward)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Baker

(a) Residence: No. 697 W. Mulberry st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Of

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

FATHER

13. NAME John Baker

14. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Griggs

16. BIRTHPLACE (city or town) Richmond
(State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond-Va Date Sept 27 1932

19. UNDERTAKER Jesse W. Redden -
(Address) 1426 W. Biddle St.

20. FILED Sept 28 1932 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1932 to Sept. 25, 1932
I last saw him alive on Sept. 25, 1932 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	6½ mo.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Marie L. Towns M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-0

83151

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83151

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Mary Maxwell

(a) Residence: No. 1508 N. Gilmor St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76 yrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT: Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Sept 28 1932

19. UNDERTAKER: Archibald Co Laddy's

(Address) Pleasant & Eutaw Sts

20. FILED 9-27-1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1932 to 9-25, 1932

I last saw h[illegible] alive on 9-25, 1932. Death is said to have occurred on the date stated above, at 1:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into left internal capsule	[illegible]
Other contributory causes of importance:	
Bronchopneumonia	9-23-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

9-26-32 (Signed) Elmer Hirshberg Jr. M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2503

HEALTH DEPARTMENT—CITY OF BALTIMORE

83152 E 83152

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 935 Hollengtor St. 7-12 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME John J. Eis

(a) Residence: No. 935 N Collington St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Eis

6. DATE OF BIRTH (month, day, year) June 24 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Emil Eis
14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Francis Eis (Address) 935 N Collington

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Sept 29 1932

19. UNDERTAKER Frank Leach Son (Address) 906 Eastern Av

20. FILED Sept 29 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1931, to Sept 26, 1932

I last saw h alive on 19 death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/26/32
Other contributory causes of importance:	
Cardio Vascular Renal disease	2 mo?

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny, M. D.
(Address) 2200 E. Monument St

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

M. D. B. 1268-9

E 83153

83153 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH 2014 E. Pratt St

CITY OF BALTIMORE: (No. ..... St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Trepolsky

(a) Residence: No. 2014 E. Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophie

6. DATE OF BIRTH (month, day, year) .

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or, min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sam Leon Trepolsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lolu

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sophie Trepolsky
(Address) 2014 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Carmel Date 7-27 19 32

19. UNDERTAKER Jackson's Inc
(Address) 1430 E. Baltimore St.

20. FILED 7-28 19 32 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of this certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 . 1932 to Sept 26 . 1932

I last saw him alive on Sept 26 . 1932 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	15 yrs.
Coronary Thrombosis	1 wk

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton B. Kirsh . M. D.

(Address) 1500 Hollins St.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

83154

CERTIFICATE OF DEATH

83154

163

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (Street) 27-55 (Ward)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsa E. Schloendorn

(a) Residence: No. 2704 Manhattan Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick W. Schloendorn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eugenia Faust

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Eugenie Schloendorn

(Address) 2704 Manhattan Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept 27, 1932

19. UNDERTAKER Wm. J. Kirner & Sons.

(Address) Hornell, N.Y.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Sept 23 19

I last saw h alive on Sept 25 19 32. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lysol Poison	
Suicide	
Other contributory causes of importance:	
Mental Despondancy	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place not at all

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) James M Taylor M. D.

(Address) 700 E Chase St Coroner

M. D. B. 1268-9

83155 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83155

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland Gen'l Hospital 27-52 St., Ward)

Length of residence in city or town where death occurred 68 yrs. 5 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob G. Oehl

(a) Residence: No. 3129 Belvedere Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Oehl

6. DATE OF BIRTH (month, day, year) Apr 6 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 15 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balty Md

FATHER

13. NAME John Oehl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs John F Oehl
(Address) 3129 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Sept 28, 19 32

19. UNDERTAKER Wm F Tenkinst & Son
(Address) North & Penn

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1932, to 9-26, 1932

I last saw h alive on 9-25, 1932 Death is said to have occurred on the date stated above, at 7:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Hypertension	
Other contributory causes of importance: Central Hemorrhage	9-25-32 a m

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.

(Address) Md General Hospital

M. D. B. 1268-9

83156 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 E 83156

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Craig

(a) Residence: No. 1906 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Louis Craig

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Amanda Journer

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Ida Snowden
(Address) 1720 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Sept 27, 1932

19. UNDERTAKER Wm. Ellis B. Snowden & Son
(Address) 1720 E. Madison St.
Huntington Williams

20. FILED SEP 27 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 24/32, 19...

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema Lungs (Terminal) a f...	
Other contributory causes of importance:	
Syphilitic Aortitis	?
Partial Occlusion of	
Coronary Arteries	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so specify ...

(Signed) [signature] M. D.
Coroner
(Address) 5006 Eastern Ave

M. D. B. 1268-9

83157. **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83157.

CERTIFICATE OF DEATH

127-002

Registered No. 27-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University of Md. Hos. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Louise Jennings

(a) Residence: No. 14 N. Washington (Usual place of abode) Balto. Md. Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. County, (State or country) Md.

FATHER

13. NAME Jonathan Jennings

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Louisa Curtis

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Wm. Jennings 2nd
(Address) Lombard & Old Town Rds.

18. BURIAL, CREMATION, OR REMOVAL
Place David Ridge Cem. Date Sept 28, 1932

19. UNDERTAKER C. O. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED SEP 27 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932 to Sept 26, 1932

I last saw h S Y alive on Sept 26, 1932 Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	9/8/32
Other contributory causes of importance:	
Myocardial Failure	9/25/32

Name of operation Ileo-sigmoidostomy Date of 9/12/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Emil J. C. Hitzelenbrand M. D.

(Address) Univ. Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 83158

E 83158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 N. Monroe ST. 1521 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Millington Thompson

(a) RESIDENCE NO. 1600 N. Monroe ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Lydia Towson Thompson

6 DATE OF BIRTH (month, day, and year) Feb. 12 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	7	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Printer 63

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER William S. Thompson

11 BIRTHPLACE OF FATHER (city or town) Bristol (State or country) Eng

12 MAIDEN NAME OF MOTHER Bessie Tucker

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Bessie E. Thompson (Address) 1600 N. Monroe St

15 Filed SEP 27 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26/32

17 I HEREBY CERTIFY, That I attended deceased from Sept 16-32 to Sept 26-32 that I last saw him alive on Sept 25-32 and that death occurred, on the date stated above, at 3 PM

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac Asthenia

Chronic Bronchitis (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) A. E. Hunt M. D.

Sept 29/32 (Address) 1929 Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery

DATE OF BURIAL Sept 27th 1932

20 UNDERTAKER William W Shivers

ADDRESS 4130 Edmondson Ave

FROM IF VERY IMPORTANT SEE INSTRUCTIONS ON BACK

M. D. B. 1265-9

E 83159 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83159

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 N. Calhoun St., 19-7th Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jesse A. Lee Jr.

(a) Residence: No. 335 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Lee

6. DATE OF BIRTH (month, day, year) Dec. 3. 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carrier P. O.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Jesse Lee Sr.

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Agusta matthews

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Mamie Lee

(Address) 335 N. Calhoun st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cem Date Sept 27, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1302 Pressman st

20. FILED — — , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 24th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10th, 1932 to Sept 24th, 1932

I last saw him alive on Sept. 24, 1932 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7-/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Sputa Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Burwell Fargo M. D.

(Address) 2937 N Eutaw St.

M. D. B. 1268-9

E 83160

E 83160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 638 Perkins St. 17-26 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 9 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Green

(a) Residence: No. 638 Perkins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Amy Green

6. DATE OF BIRTH (month, day, year): 6/1895

7. AGE: Years: 37; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper, etc.: Enrolled Vet

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Savannah Ga

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Jamie Davis

16. BIRTHPLACE (city or town) (State or country): Savannah Ga

17. INFORMANT: Rozetta Stokes

(Address) 2226 Fox St

18. BURIAL, CREMATION, OR REMOVAL

Place Savannah Ga, Date Sept 27, 1932

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Fairmount St

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 26 cc, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19...

I last saw ... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal and secondary causes of importance were as follows:

Duration of each

Pulmonary Edema due to Pistol Wound of Brain.

Other contributory causes of importance: (Suicide)

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Suicide Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Lynch Coroner M. D.

(Address) ... Coroner

M. D. H. 1268-9

E 83161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83161

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2010 W. Royal Terrace St. 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

69 7 26

2. FULL NAME, Henry John Kohler

(a) Residence: No. 2010 W. Royal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Anna M. Kohler

6. DATE OF BIRTH (month, day, year) Jan 30 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailoring

10. Date deceased last worked at this occupation (month and year) Sept 12 1932

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Geo. Kohler

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Catherine Hildebrand

16. BIRTHPLACE (city or town) (State or country) Unknown Germany

17. INFORMANT Mr. C. J. Kohler (Son)

(Address) 2010 W. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lashmal Date 9/15/32 19

19. UNDERTAKER Edward P. Moran Co.

(Address) 1058 W. North Ave.

20. FILED Sept 15 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12th, 1932 to Sept. 25th, 1932

I last saw him alive on Sept 25th, 1932. Death is said to have occurred on the date stated above, at 5 3/4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Sept 12 1932
Pulmonary Edema	Sept 25 1932

Other contributory causes of importance:

Arterio-Sclerosis and Hypertension	Long Time

Name of operation No Date of —

What test confirmed diagnosis? — Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Chatard M. D.

(Address) 1300 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83162 Neal. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE E83162

CERTIFICATE OF DEATH

54-007

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St. 16 Ward) 2

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Neal

(a) Residence: No. 929 Wood year St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 18 - 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	27	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housedress Op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis

FATHER

13. NAME Walter Neal

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Luvenia Mercy

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. SEP 27 1932
Place Date

19. UNDERTAKER Commissioner Health
(Address) per W. E. Woods

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/22 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/8 1932 to Sept 22 1932

I last saw h[illegible] alive on Sept 22 1932 Death is said to have occurred on the date stated above, at 12-20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular	
Uterine Fibroma	1930
Post operative asthenia	
Other contributory causes of importance:	
Pulmonary embolus	9/8/32

Name of operation Hysterectomy Date of Sept 1932

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. Bruce Schaffner M.D.

(Address) Balto City Hosp.

OCCUPATION IS VERY important.

M. D. B. 1268-9

E 83163

E 83163 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Baltimore, St. 22-31 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign Birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lottie Roberts

(a) Residence: No. 105 W. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 18 1898 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	-3	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL SEP 27 1932
Place Date

19. UNDERTAKER Commissioner Health
(Address)

20. FILED 7327 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-xx-32 to 9-23 1932
I last saw her alive on 9-23 1932 Death is said to have occurred on the date stated above, at 10.30 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease, Syphilitic aortic insufficiency	Unknown
Other contributory causes of importance: Acute myocardial insufficiency	9-23-32

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
9-26-32 If so, specify
(Signed) Wm. H. Hitchcock M. D.
(Address) Baltimore City Hospitals

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

AaCo. 5-31 250R

83164 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83164

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 827 W Franklin St. 18-36 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Riley Jr

(a) Residence: No. 827 W Franklin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 7 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 1 hrs. or 10 min

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James Riley Jr
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Adah Lyons
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place J. H. Medairy Date SEP 27 1932

19. UNDERTAKER Wm. H. Medairy Health
(Address) ... W. Fayette

20. FILED 7324 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1932 to Sept 26 1932
I last saw him alive on Sept 26 1932 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis (Premature birth 5 mos)	Sept 26 1932

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83165 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83165

CERTIFICATE OF DEATH 79-001

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkin Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Carville 21-31

(a) Residence: No. 905 Warner St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 25/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Neale Carville

14. BIRTHPLACE (city or town) (State or country) Cross Hill S.C.

MOTHER

15. MAIDEN NAME Margaret McWilliams

16. BIRTHPLACE (city or town) (State or country) Cross Hill, S.C.

17. INFORMANT Neale Carville
(Address) 905 Warner St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lion Date Sept 29, 1932

19. UNDERTAKER Joseph A. Linsley
(Address) 4022 Mount Ave, Baltimore, Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 26/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.10 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumococcic Meningitis about 2 d

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John O'Brien M. D.
Coroner

(Address) 508 E Fromt

M. D. B. 1268-9

83166 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83166

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5353 Parkheights St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? 27-55 yrs. mos. ds.

2. FULL NAME Christian Gregorius

(a) Residence: No. 5353 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna W. Gregorius

6. DATE OF BIRTH (month, day, year) Mar. 26 - 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Christian Gregorius

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose C. Reddinger

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT ~~Rose~~ Anna Gregorius

(Address) 5353 Park Heights ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Sept 29 1932

19. UNDERTAKER H. W. Lettle

(Address) 2200 Edmondson ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . Death is said

I last saw h alive on . 19 to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Disease
Heart D

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Saml H. Mason Coroner . M. D.

(Address) 5632 Roland ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83167

E 83167

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH St Joseph's Hosp.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clifford Collier 1-2

(a) Residence: No. 18 S. Robinson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Collier (nee Koch)

6. DATE OF BIRTH (month, day, year) May 23, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artesian well driller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 86

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Collier

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Marie Collier

(Address) 18 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 9/29/32

19. UNDERTAKER Harry A. Britzke

(Address) 4101 Edmondson Ave

20. FILED ... 19 32 B.B.H. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1932, to Sept. 26, 1932

I last saw h im alive on Sept 26, 1932. Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	9/18/32
C. N. S. & vascular lues.	
Early Lobar pneumonia	9/25/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. F. Jaume M. D.

(Address) St Joseph Hosp.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

83168 E 83168

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3843 Wilkens Ave. St., ... Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. 8 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Kaiser

(a) Residence: No. 3843 Wilkens Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Kaiser

6. DATE OF BIRTH (month, day, year) Sept. 18, 185?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 3 1

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew Yentner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bassler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Henry Kaiser
(Address) 3843 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Sept. 29 19 32

19. UNDERTAKER Percy V. Cutler
(Address) [illegible]

20. FILED ..... 19 ..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932, to Sept 26, 1932
I last saw her alive on Sept 26, 1932 death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibromyocarditis	1931
Chronic Nephritis	?

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ....., 19.....
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury ✓
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify none

(Signed) E. Kelly Hennessy M. D.
(Address) 2000 Fallsway

9/27/32

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83169 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-002 E 83169

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 26-37 Registered No.

CITY OF BALTIMORE: (No. Baltimore & Maryland St., Ward) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Bramuda

(a) Residence: No. 410 S. Macon St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Balthazar Bramuda

6. DATE OF BIRTH (month, day, year) Oct. 9, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Camden, N. J.

FATHER

13. NAME Daniel Morgan

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Longstone

16. BIRTHPLACE (city or town) (State or country) Phila. Pa

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem'tery Date 9/30/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-23, 1932, to 9-26, 1932

I last saw h[illegible] alive on 9-26 1932 Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Rheumatic	[illegible]

Other contributory causes of importance:

Acc'ed Fibrillation auric.	9-19-32
and unspecified Difficulty	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

9-27-32 (Signed) Elmer A. Gibbs M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83170 E 83170

CERTIFICATE OF DEATH 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Bragg. 26-37

(a) Residence: No. 607 Bentley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Oct 18. 1916

7. AGE: Years 15 | Months 11 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Sylvania Ga

FATHER

13. NAME: William A. Bragg

14. BIRTHPLACE (city or town) (State or country): Sylvania Ga

MOTHER

15. MAIDEN NAME: Alice Williams

16. BIRTHPLACE (city or town) (State or country): Sylvania Ga

17. INFORMANT: Mrs Alice Bragg
(Address) 607 Bentley St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date 11/28/ 1932

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul st

20. FILED 12-1-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 5.05 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Aortic Regurgitation	

Other contributory causes of importance:

chronic Rheumatism	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 1305 Fulton Ave

Spec.—9-30—A. & Co.—250 Bks.

83171 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83171

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE. (No 2106 Eagle St St. Ward)

2-FULL NAME Albert T. Collins. 20-12

(a) RESIDENCE NO 2106 Eagle St St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred mos ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ Henrietta M. Collins.

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Chauffeur 32

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture.

(c) Name of employer Potthast Bros.

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

PARENTS

10 NAME OF FATHER Joe. A. Collins

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila. Pa.

12 MAIDEN NAME OF MOTHER Mary C Robinson

13 BIRTHPLACE OF ~~MOTHER~~ (city or town) (State or country) Washington D. C.

14 Informant Henrietta Collins
(Address) 2106 Eagle St

15 Filed ..... 19 Huntington Williams M.D.
1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9-26-32

17

I HEREBY CERTIFY, That I attended deceased from 9-10- , 1932, to 9-26 , 1932

that I last saw h~~e~~r alive on 9-26 , 1932

and that death occurred, on the date stated above, at 10 45 m.

The CAUSE OF DEATH* was as follows:

Ch. Int. Nephritis &
Mitral Insufficiency

(Duration) yrs. 86 mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) Dr A Kuck, M. D.

9/27 1932 (Address) 4201 Frank Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westarm — DATE OF BURIAL Sept. 29 1932

20 UNDERTAKER Wallace Cook — ADDRESS 121 St Paul St

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83172 E 83172

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals 93-003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilmot Ogle

(a) Residence: No. 1646 Halbrook St., ... Ward. 9-18

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Ogle

6. DATE OF BIRTH (month, day, year) March 30 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 609

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary Store

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME James ogle

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Mary Curtis

16. BIRTHPLACE (city or town) (State or country) woodsborough md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Valley Cemetery Date 9/29/32

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-25 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-18 1932 to 9-25 1932

I last saw him alive on 9-25 1932 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	1931
Chronic Myocarditis	?

Other contributory causes of importance:

Heart failure Pneumonia	9-25

Name of operation no Date of —

What test confirmed diagnosis? CP Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Wm. Bruce Schaffner M. D.

(Address) Balto City Hospitals

1-30—M. & T.—100 B—50L

E 83173

E 83173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1433 Andre St. ST., WARD)

2-FULL NAME Katherine Raesler.

(a) RESIDENCE NO 1433 Andre St. ST., 24-35 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed, ~~or divorced~~
HUSBAND of ~~or~~
(or) WIFE of Michael Raesler.

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Michael Nawakowski.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Bertha Raesler. (daughter in law)
(Address) 1433 Andre St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 27, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Hanging.
While temporarilly insane.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, Coroner, M. D.

9/27/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus cem

DATE OF BURIAL Sep 29 1932

20 UNDERTAKER John M Weber

ADDRESS 401 N Charles St

CAUTION—Before burial permit is issued, CERTIFICATE OF DEATH must be filled out and signed. See instructions on back of certificate.

M. D. B. 1268-2

E 83174

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83174

CERTIFICATE OF DEATH

93 City Hospitals

Registered No. [illegible]

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Ellis Basnight Balto City Hospitals St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Ellis Basnight

(a) Residence: No. 413 W Monument St St., Ward. 11-25
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) Dec. 25 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Probably 67 - 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Jarrell Co. N. C.

FATHER

13. NAME Harman —

14. BIRTHPLACE (city or town) (State or country) Jarrell Co N C

MOTHER

15. MAIDEN NAME Julia Westcoat

16. BIRTHPLACE (city or town) (State or country) Jarrell Co N C

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson City Date 9-28 1932

19. UNDERTAKER Durant Funeral Home
(Address) 916 E Fayette

20. FILED SEP 29 1932 Hunter Williams
Registrar.

OCCUPATION is very important. See INSTRUCTIONS on BACK of CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-24 1932 to 9-26 1932
I last saw him alive on 9-26 1932 Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Arteriosclerotic	4-26-32
Other contributory causes of importance: Carcinoma Pancreas	9-12-32
Acute myocardial insufficiency	9-25-32

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

9-26-32 Elmer Hipsley Jr. M. D.
(Signed)
(Address) Balto City Hospitals

E 83175 B—50L

E 83175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital. ST., ... WARD)

2-FULL NAME Emma Agullis.(C)

16-23

(a) RESIDENCE NO 1003 W.Lafayette Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a If married, widowed, or divorced (or) WIFE of Peter Agullis.(C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	----		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Moses Taylor.(C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia.

12 MAIDEN NAME OF MOTHER Celia C.Conway.)C) 9/27/32

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Louisa Rose.(C) sister.

(Address) 1003 W.Lafayette Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 25, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquest find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of Left Femur, both arms, and Clavicle. Head Injuries. struck by an automobile while crossing Boulevard. Accidental Death.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Washington Blvd. nr. Laurel.
Sept. 25, 1932

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquest.

(Signed) Ellis H. Hemhardt, M. D.
Coroner

19 32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 9-28 1932

20 UNDERTAKER Bruns Easton

ADDRESS 916 Pa ave.

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83176

E 83176 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Friedel

26-36

(a) Residence: No. 1901 S. Newkirk St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of August Friedel

6. DATE OF BIRTH (month, day, year) Oct. 9 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 ✓

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Luke Noon

14. BIRTHPLACE (city or town) (State or country) Dublin Ireland

MOTHER

15. MAIDEN NAME Ellen Feeney

16. BIRTHPLACE (city or town) (State or country) Dublin Ireland

17. INFORMANT Fredrich Friedel
(Address) 1901 S. Newkirk St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Sept. 29, 1932

19. UNDERTAKER George J. Kirkler
(Address) 1737 E. Eager St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Bronchopneumonia	

Other contributory causes of importance:

a Fracture of Left Arm	
Accidental Fall	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury ..... 19.....

Where did injury occur? at home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Slipped on floor

Nature of injury Fract. of Head of Humerus

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. J. Sturgis M. D.
Coroner

(Address) 2052 N. Fulton Ave

M. D. B. 1268-9

83177

HEALTH DEPARTMENT—CITY OF BALTIMORE

83177

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2406 Penna Ave (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip Feitelbaum

(a) Residence: No. 2406 Penna Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 1869

7. AGE Years 69 Months ... Days ... If LESS than 1 day, hrs. ... or min. ...

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joz. Feitelbaum

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nathan L. Feitelbaum

(Address) 2400 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Shaarei Zedek Cem Date 9-28 1932

19. UNDERTAKER Jack Lewis Inc

(Address) 1453 E Baltimore St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leslie Corono, M. D.

(Address) [illegible]

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK

M. D. B. 1268-2

83178 265082

HEALTH DEPARTMENT—CITY OF BALTIMORE

83178

CERTIFICATE OF DEATH

X 94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPT St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Frank Crowder

(a) Residence: No. ~~55 E 77th~~ 829 Park Ave St. Ward. New York City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louetta Crowder

6. DATE OF BIRTH (month, day, year) 6-6-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Alex N. Crowder

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Deborah Warfield

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Sept. 29 1932

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Pa. Ave.

20. FILED SEP 27 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1932

22. I HEREBY CERTIFY. That I attended deceased from Sept 22, 1932, to Sept 27, 1932

I last saw him alive on Sept 27, 1932 Death is said to have occurred on the date stated above, at 1:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris (2 years)	
Other contributory causes of importance:	
Coronary Thrombosis	Sept 25
Arteriosclerosis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ralph G. Hills M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 83179 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83179

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirmary St., Jones Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Foot 15-62

(a) Residence: No. 3417 Talbot St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Foot

6. DATE OF BIRTH (month, day, year) Jan. 1st 1883

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
49	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer (Gov't)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Engineer Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Foot (Deceased)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary McCoy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Margaret Foot
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Sept. 29 32

19. UNDERTAKER J. Fred McCully
(Address) 128 E. Fort Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 19 32 to Sept 26, 19 32

I last saw h... alive on Sept 26, 19 32. Death is said to have occurred on the date stated above, at 5:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	9/25/32

Other contributory causes of importance:

Diabetes Mellitus	(?)
Arteriosclerosis	1930
	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, state how ...

(Signed) W. Webber Young M. D.

(Address) Church Home & Infirmary

M. D. H. 1268-9

E 83180

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83180

CERTIFICATE OF DEATH

209

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp (St., Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Williams
(a) Residence: No. 631 Gold St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

15-21

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmle
4. Color or Race: Col
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Williams
6. DATE OF BIRTH (month, day, year): 1878
7. AGE: Years 54; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Wm Williams
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Mary Williams
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Clemens Staub 627 E Lexington

18. BURIAL, CREMATION, OR REMOVAL: Atlantic City NJ Date: Sept 19 32

19. UNDERTAKER (Address): Samuel C. Hemsley 537 N Eutaw St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw (deceased) alive on ... 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Accident (Fall.
Cerebral Hemorrhage and Concussion of Brain
7 Days

Date of onset

Other contributory causes of importance:
Fell under Electric Car.

Name of operation: ... Date of ...
What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external cause (violence) fill in the following:
Accident, suicide, or homicide? ... Date of injury Sept 10 1932
Where did injury occur? City Ave & Woodside (Specify city or town, county, or state)
Specify whether injury occurred in industry, in home, or in public place: Street
Manner of injury: Fell under Street Car.
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) H. Leslie Davis, M. D. Coroner
(Address)

M. D. H. 1268-0

E 83181 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83181

CERTIFICATE OF DEATH

128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 922 N. Central Ave St., ... Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth?... yrs. ... mos. ... ds.

2. FULL NAME Nella Hunt

(a) Residence: No. 922 N. Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hunt

6. DATE OF BIRTH (month, day, year) Mar 13 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation,

12. BIRTHPLACE (city or town) (State or country) Greenville S C

FATHER

13. NAME West McAdams

14. BIRTHPLACE (city or town) (State or country) S. C

MOTHER

15. MAIDEN NAME Nella

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Sarah Lee
(Address) 922 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 9-28 1932

19. UNDERTAKER Bryant Mamie Wright
(Address) 1218 McElderry St

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1932 to Sept 26 1932

I last saw her alive on Sept 26 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia

Date of onset: Sept 24

Other contributory causes of importance:

Date of onset: 32

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lucas S Allen M. D.

Sept 26 1932 (Address) 850 Pennsylvania Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 124-1

E 83182 ✓ E 83182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Maryland General Hospital — Registered No. ....

CITY OF BALTIMORE: (No. .... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Miss Margaret V. Richardson — 15-21

(a) Residence: No. 2026 N. Fulton St., ... Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

FATHER

13. NAME Rev. E. Richardson

14. BIRTHPLACE (city or town) (State or country) Bucks. Pa.

MOTHER

15. MAIDEN NAME Margaret Boal

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Sept 29. 1932

19. UNDERTAKER Harry A. Ellen
(Address) 1200 W. Fayette St.

20. FILED SEP 29 1932 Registrar. ND

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-27. 1932 to 9-27. 1932

I last saw h. alive on 9-27. 1932 Death is said to have occurred on the date stated above, at 3 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal vascular disease	10 yrs ago

Other contributory causes of importance:

Uremia	5 days ago

Name of operation .... Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of Injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) E. L. Richardson M. D.

(Address) 1200 W. Fayette St.

OCCUPATION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83183 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83183

CERTIFICATE OF DEATH 117-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 944 W. Lexington St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leonard Hargrave

(a) Residence: No. 944 W. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of [(or) WIFE of] Dorothy Hargrave

6. DATE OF BIRTH (month, day, year) Dec 4. 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hendersonn N. C.

FATHER

13. NAME Sidney Hargrave

14. BIRTHPLACE (city or town) (State or country) Henderson N. C.

MOTHER

15. MAIDEN NAME Clarkson

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Dorothy Hargrave

(Address) 944 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Sept 30, 1932

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14 1932 to Sept 27 1932

I last saw h[illegible] alive on Sept 14. 1932 Death is said to have occurred on the date stated above, at 12[illegible] m.

The principal cause of death and related causes of importance were as follows: Duration

Organic Heart disease 7 M 32

Other contributory causes of importance:

Chronic Stomatitis 7 M 32

Name of operation Clinical Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. Lee Ellis M. D.

(Address) 924 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

1-30—M-37—100B—50L

E 83184

M E 83184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. Maryland General Hospital ST., ... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Theodore A. Moore.

16-22

(a) **RESIDENCE** No 1916 N. Lafayette Ave. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Alverta R. Moore.

6 DATE OF BIRTH (month, day, and year) January 1, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	8	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maryland State Police officer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER John S. Moore.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Alverta R. Moore. (wife)

(Address) 1916 N. Lafayette Ave.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 25, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

Fracture of lower right leg. Accidentally struck by automobile and knocked from a motor cycle. (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? North Ave & Monroe St

Did an operation precede death? Yes Date of September 21, 1932

Was there an autopsy? Yes. (Hospital)

What test confirmed diagnosis? Autopsy & inquest

(Signed) Ella Hortenhardt M. D. Coroner

9/27/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem. DATE OF BURIAL 9-29-1932

20 UNDERTAKER Mrs Chas A Rolde ADDRESS 3377 Edmondson

CAUSE OF DEATH must be plainly written, and should be typewritten. ATTENTION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83185

HEALTH DEPARTMENT—CITY OF BALTIMORE

83185

CERTIFICATE OF DEATH

157-004

1. PLACE OF DEATH St. Jos. Hosp

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dolores Mason

(a) Residence: No. 1522 W. Fayette St., ... Ward. 19-27

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 5	months		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Do not Know

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 9/28/32 19

19. UNDERTAKER J. F. Cohen Sons

(Address) 1318 Light St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/20/32 19 to 9/26/32 19

I last saw her alive on 9/26/32 19 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Pyloric Stenosis	Birth
Malnutrition	
Terminal Pneumonia	9/26/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. J. Young M. D.

(Address) 811 Fayette Road

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83186 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83186

CERTIFICATE OF DEATH 94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 N. Charles St., Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip W. Knefely 12-50

(a) Residence: No. 2903 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie C. Spruce

6. DATE OF BIRTH (month, day, year) Jan. 29, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Importer of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. German Produce

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Knefely

14. BIRTHPLACE (city or town) (State or country) Germa ny

MOTHER

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Philip W. Knefely
(Address) 2903 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemty Date Sept. 28 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Madison Ave

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4 1929 to Sept 25 1932

I last saw him alive on Sept 25 1932 Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris - due to Coronary Thrombosis	2 hrs.

Other contributory causes of importance:

Generalized Arteriosclerosis	4 yrs.
Paroxysmal auricular Fibrillation	1 yr.

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carroll Lockard M. D.

(Address) 4 E. Preston St.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83187

CERTIFICATE OF DEATH

49

E 83187

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3903 Cadesprings La St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah C. Brown

(a) Residence: No. 3903 Cadesprings St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

15-63

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo W

6. DATE OF BIRTH (month, day, year): Oct 28-1862

7. AGE: Years 69 | Months 11 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: West

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary Gwaltney

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Wm A Webb

(Address): 39 Cadesprings La

18. BURIAL, CREMATION, OR REMOVAL

Place: Newport News Va Date: Sept 28, 1932

19. UNDERTAKER: Wm J Tucker & Sons

(Address): Hearse & Livery Stable

20. FILED Sept 30, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1, 1932

I last saw h alive on Sept 30 1932 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary.	6 months

Other contributory causes of importance:

Name of operation: Regular Date of: None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

83188 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

E 83188

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., ...Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U.S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Harry Putsche

(a) Residence: No. 3022 Wayne Ave St., ...Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Putsche

6. DATE OF BIRTH (month, day, year) Oct 8 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frederick Putsche

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bridget Mannay

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Harry Putsche Jr
(Address) 3022 Wayne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 9/30/32

19. UNDERTAKER George A Tinley
(Address) Fulton Ave & Lafayette

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-25-32, 19....., to 9-27-32, 19.....

I last saw him alive on 9-27-32, 19..... death is said to have occurred on the date stated above, at 7:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	
Acute Stenosis Oesophagus	9-23-32

Other contributory causes of importance:

Name of operation Gastrostomy Date of 9-26-32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. W. Donohue, M. D.

(Address) Bon Secours Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

E 83189

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 Ashland Ave. St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha L. Claborne

(a) Residence: No. 825 Ashland Ave. St., Ward. 10-14

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Sept 1, 191[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Robert Claborne

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Sarah Hall

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Sarah Claborne 825 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: West Lattimore Date: 9-28- 19

19. UNDERTAKER (Address): Mrs. J. W. B. Smedley 1750 E. Madison St

Sept 28 1932 ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1932 to Sept 26, 1932

I last saw h[illegible] alive on Sept 26, 1932. Death is said to have occurred on the date stated above, at 10:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adynamia Lobularis Pneumonia	12 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diag[illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Geo J Allen M. D.

Sept 26-32 50 Aisquith St

Spec.—12-9-25—A Co.—200 Blks.

E 83190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

71-001 X

E 83190

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. 3015 Abell ave St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Irene Jamison

(a) RESIDENCE NO. Aberdeen md St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. weeks ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of W. Dickey Jamison

6 DATE OF BIRTH (month, day, and year) April 24 - 1876

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
~~56~~	56	5	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) _____

(State or country) Harford County, md.

PARENTS

10 NAME OF FATHER George V. Dever

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Harford County

12 MAIDEN NAME OF MOTHER Mary Arnold

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Harford County md.

14 Informant Susie R. Dever

(Address) 3015 Abell ave.

15 Filed _____ 19____ Registrar

Huntington Williams, M.D.

R.C.H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Sept 26th 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1931, to Sept 26th, 1932, that I last saw her alive on September 26, 1932, and that death occurred, on the date stated above, at 8.26 P. m.

The CAUSE OF DEATH* was as follows:

Pernicious Anemia

Personal Knowledge (duration) 1 yrs. 9 mos. 16 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted

If not at place of death _____

Did an operation precede death _____ Date of _____

Was there an autopsy _____

What test confirmed diagnosis _____

(Signed) J Bonnell Sappington M. D.

, 19 (Address) 2931 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Grove Cemetery — Date of Burial Sept. 29 1932

20 UNDERTAKER Henry Tanning Sons — ADDRESS Aberdeen Md

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83191

CERTIFICATE OF DEATH

45

E 83191

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 753 W. Fayette St., Ward)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Orville Aler

(a) Residence: No. 753 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

4-26

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Apr 12. 1854

7. AGE: Years 78 | Months 5 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clerk - Hardware

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: John F. Aler

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Julia Wolff

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Edward P. Aler

(Address) 753 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: Sept 29 1932

19. UNDERTAKER: Wm. Mus. John N. Temple & Son

(Address) 801 W. Fayette St.

20. FILED 2 Oct 1932 Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to Sept 27, 1932

I last saw h[illegible] alive on Sept 27, 1932. Death is said to have occurred on the date stated above, at 1:08 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Jaw	May 31

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Lapsman, M. D.

(Address) 268 Mulberry Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83192 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 83192

CERTIFICATE OF DEATH

45

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 929 N. Linwood Ave St., W Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Whitesmart

(a) Residence: No. 929 N. Linwood Ave St., Ward. 1-1
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Matilda Whitesmart

6. DATE OF BIRTH (month, day, year) Oct 17 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Frank T. Whitesmart
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Eva M. Whitesmart
(Address) 929 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Sept 30 1932

19. UNDERTAKER J. Wm. F. Miller
(Address) 1535 Edmondson Ave

20. FILED Sept 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 1932

22. I HEREBY CERTIFY, That I attended deceased from 1923 to Sept 27 1932
last saw h[illegible] alive on Sept 26 1932 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma	1925
Other contributory causes of importance:	over

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ✓ 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....

(Signed) Geo. Keller M. D. M. D.

(Address) 1937 Gough St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83193

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83193

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1002 E. Biddle Street Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Kuebel

(a) Residence: No. 1002 E. Biddle Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Finkle Kuebel

6. DATE OF BIRTH (month, day, year) July 22, 1870

7. AGE	Years	Months	Days	If LESS than 1 day— hrs. or min.
	62	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Leonard Kuebel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Kuebel

(Address) 1002 E. Biddel Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 9/29/32 19

19. UNDERTAKER [illegible]

(Address) 1231 [illegible]

20. FILED [illegible] 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6th 1932 to June 14th 1932

I last saw him alive on June 14th 1932 Death is said to have occurred on the date stated above, at ? A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism — Date of onset

Other contributory causes of importance:

Chr Endocarditis — 5 yrs
Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. McCarthy M. D.

(Address) 1114 Dan Morgan Ave

HEALTH DEPARTMENT---CITY OF BALTIMORE

Steadman E 83194

CERTIFICATE OF DEATH

83194 REGISTERED NO. C.....

1-PLACE OF DEATH. (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMCRE: (No. 704 Myrtle St. 16 WARD)

2-FULL NAME John Steadman

(Residence in Baltimore: No. 704 Myrtle St. 10-14 St.; ..... yrs. ..... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

6-DATE OF BIRTH: 4 (Month) - 30 (Day), 1865 (Year)

7-AGE: 67 yrs. 4 mos. 27 ds. If LESS than 1 day, ... hrs., or ..... min.?

8-OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer): Retired

9-BIRTHPLACE (State or country): Balto. Md.

PARENTS

10-NAME OF FATHER: John Steadman

11-BIRTHPLACE OF FATHER (State or country): Ireland

12-MAIDEN NAME OF MOTHER: Margaret Lawlor

13-BIRTHPLACE OF MOTHER (State or country): Ireland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Steadman

(Address) 728 E. 41st St.

15- Filed ..... 1932 ..... 191 ..... Huntington Williams, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: 9/27 (Month) 37 (Day), 191 (Year)

17- I HEREBY CERTIFY, That I attended deceased from 9/27, 1932, to, 9/27 1932, that I saw h.. alive on 9/27 191, and that death occurred, on the date stated above, at 9a m.

The CAUSE OF DEATH* was as follows:

Hypertension

(Duration) 10 yrs. ..... mos. ..... ds.

Contributory (SECONDARY) Arteriosclerosis

(Duration) 10 yrs. ..... mos. ..... ds.

(Signed) Henry Copeland M.D.

9/27 1932 (Address) Copeland Md

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL: Long Green, Md.

DATE OF BURIAL: 9/30/32, 191

20-UNDERTAKER: Geo. J. Pulby Jr.

ADDRESS 1725 Hayward

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83195 — CERTIFICATE OF DEATH — 119 — E 83195

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Colvin St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonio Genorse.

(a) Residence: No. 412 Colvin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 12, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Genorse

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Saddie Glorioso

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Samuel Genorse
(Address) 412 Colvin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 9/29, 1932

19. UNDERTAKER Geo. J. Roth Inc
(Address) 1111 Harlem Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26-1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932, to Sept 26, 1932

I last saw h alive on Sept 26, 1932. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuemia Colitis	1928

Other contributory causes of importance:

Pneumonia	two
Lobar	20

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 83196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83196

46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hosp St. 8-16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vinton Julius Schelak

(a) Residence: No. 1832 North Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Schelak

6. DATE OF BIRTH (month, day, year) Oct 10 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year) 7

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Julius Schelak

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sara Anne Bowers

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Katherine Schelak
(Address) 1832 Chester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Sept 30 1932

19. UNDERTAKER J M Cook
(Address) 1217 W Fayette St

20. FILED Oct 4 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-5 1932 to 9-28 1932

I last saw him alive on 9-28 1932 Death is said to have occurred on the date stated above, at 11.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus with obstruction	8-3-32 2 months

Other contributory causes of importance:

Post operative complication with pulmonary embolism	9-27-32

Name of operation Resection of Oesophagus Date of 9-22-32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lemuel H Norwood, M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

B 83197 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 83197.

V 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH: St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Avenues St. 1-3 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary Marcinek

(a) Residence: No. 2321 Ensor St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Marcinek

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Joseph Marszalek.
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unk.
16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Joseph Marcinek
(Address) 2321 Ensor St

18. BURIAL, CREMATION, OR REMOVAL. Place St Stanislaus Date Sept 30, 1932

19. UNDERTAKER F. W. Rozanowski
(Address) 1930 Eastern Ave.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1932 to Sept 26, 1932

I last saw h... alive on Sept 26, 1932 death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas with generalized metastasis	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert Reiner, M. D.
(Address) St Agnes Hospital

E M. 83198

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83198

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No.) St., 15-3d Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathan Wiener

(a) Residence: No. 621 N. Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Ida Wiener

6. DATE OF BIRTH (month, day, year) July 5, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Michael Wiener

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosa Louis Klein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Cem Date 9-29 1932

19. UNDERTAKER Jacob Levin Sons

(Address) 1729 E. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-12-32 to 9-28 1932

I last saw alive on 9-12 1932 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Inguinal Hernia	1921
Other contributory causes of importance:	
Pulmonary Embolus	9-28-32

Name of operation Bilateral Herniotomy Date of 9-13-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 83199

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83199

CERTIFICATE OF DEATH

127-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp St., 26-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Milcena Thompson

(a) Residence: No. 7-N-Clinton St., ... Ward. City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Teddy Thompson

6. DATE OF BIRTH (month, day, year) 10/30/1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME L. J. Dahl

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) Norway

17. INFORMANT Theodore Thompson
(Address) 7 N. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Dr. Lynn Date 9/29 1932

19. UNDERTAKER J. A. Nolan
(Address) 3624 E. Baltimore St.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/23, 1932 to 9/26, 1932

I last saw her alive on 9/26, 1932 death is said to have occurred on the date stated above, at 10:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a	
b	
Intestinal Obstruction	9/19/32

Other contributory causes of importance:

Name of operation Hemioplasty Date of 9/22/32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Aloha K. Crowther M. D.

(Address) Bon Secours Hosp.

M. D. B. 1268-9

E 83200

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83200

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Durham St. St., 2-45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvester Albert.

(a) Residence: No. 115 S. Durham St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louisa Albert.

6. DATE OF BIRTH (month, day, year) July 15 1865.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Sylvester Albert.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Josephine Albert (daughter)
(Address) 115 S. Durham St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Sept. 30 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ___ 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27/32. 19

22. I HEREBY CERTIFY, That I attended deceased from August 5 1932 to Sept 26 1932

I last saw h[illegible] alive on Sept 26 1932 Death is said to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days
Arterio Sclerosis,	2

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Kohlhepp M. D.

(Address) 14 S. Wolfe

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83201

HEALTH DEPARTMENT—CITY OF BALTIMORE

83201

CERTIFICATE OF DEATH

Registered No. 122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 18-29 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Banks

(a) Residence: No. 1005 Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Mary Banks

(Address) 1005 Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date Sept 29, 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 S Schroeder St

20. FILED Sept 29 1932, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Intestinal obstruction

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1765-a

B 83202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83202

CERTIFICATE OF DEATH

117-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Christian St. W-6 Ward)

Length of residence in city or town where death occurred 39 yrs. 7 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George F. Reed

(a) Residence: No. 2210 Christian St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruth M. Reed

6. DATE OF BIRTH (month, day, year) Dec 23rd 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39.10	9	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kresten Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank Reed

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes Nelson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ruth M. Reed

(Address) 2210 Christian St

18. BURIAL, CREMATION, OR REMOVAL.

Place Loudon Park Date 9/30/32

19. UNDERTAKER F. B. Wagner & Sons

(Address) 1539 W. Baltimore St.

20. FILED 9-30-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/28/32

22. I HEREBY CERTIFY, That I attended deceased from 8/4 1932 to 9/28 1932

I last saw him alive on 9/26 1932. Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis ulcer	9/25/32

Other contributory causes of importance: Acute cardiac dilatation 9/28/32

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Benjamin Meller ... M. D.

(Address) 2030 Wilkens Ave.

OCCUPATION is very important. See instructions on back of certificate.

83203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83203

CERTIFICATE OF DEATH

V115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden ham Hospital St., 16-68 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 11 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer Harr

(a) Residence: No. 7864 Rayner Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 23, 1929

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
2	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Harr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Pearl King

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Pearl Harr
(Address) 7864 Rayner Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cem Frankford Date Sept 30, 1932

19. UNDERTAKER Walter Davis
(Address) 3418 Chestnut Ave.

20. FILED ..., 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1932, to Sept 28, 1932

I last saw h-m alive on Sept 28, 1932 death is said to have occurred on the date stated above, at 10 7/8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Sore Throat	9/23/32

Other contributory causes of importance:

Bronchopneumonia	9/27/32

Name of operation none Date of

What test confirmed diagnosis Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. Pete Meranski M. D.

(Address) Lyden ham Hospital

M. D. H. 1268-9

83204 HEALTH DEPARTMENT—CITY OF BALTIMORE

L 83204

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Providence Hosp-26 St. (Ward) 173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amy Green.

(a) Residence: No. 638 Perkins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: 4. Color or Race: Female Col'd 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year): Sept 3-1904

7. AGE: Years 28 Months Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed at this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Jas. Burke

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Maggie Emms

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Rosella Stokes 2226 Fox St

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Auburn Date 9/29/32

19. UNDERTAKER (Address): Thomas C. Kelsey 1331 Lexington St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

Homicide

Hemorrhage due to pistol wound of lung and abdomen

Date of onset 5 hours

Other contributory causes of importance:

Name of operation: Regular Date of: No

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? If so, specify:

(Signed) H. Funk Coroner M. D.

(Address) Bronx

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83205

CERTIFICATE OF DEATH

59E 83205

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 N Amm St., 6-4 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Marshall

(a) Residence: No. 419 N Amm St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married.

5a. If married, widowed, or divorced (or) WIFE of Frank Marshall

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	Appox 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Geo Butler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Priscilla (?)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank Marshall (Son)
(Address) 419 N Amm St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Sept 29 1932

19. UNDERTAKER Wm J. G. Locke
(Address) 1332 Jefferson St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932, to Sept 26, 1932

I last saw her alive on Sept 26, 1932 5.45 P. m. death is said to have occurred on the date stated above, at .....

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mellitus. Probably	6 mos.

Other contributory causes of importance:

Nephritis & Hypertension and Bronchitis	

Name of operation None Date of .....

What test confirmed diagnosis? Physical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R J Young M. D.

(Address) 1424 E Monument St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

83206 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 83206

CERTIFICATE OF DEATH

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bal Infirmary City Hospital St., 76-37 Ward)
Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Hughes

(a) Residence: No. not known St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-11-1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 + 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Hughes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Record Clerk City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 9/29/32

19. UNDERTAKER Jos. Lefevre Sons
(Address) 1218 E. Eager St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1932 to 9-27, 1932

I last saw him alive on 9-27, 1932 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into right cerebrum	
Other contributory causes of importance:	
Cerebrosclerosis	9-22-32

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

9-28-32 (Signed) Chas. H. Iseberg, Jr. M. D.
(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

83207

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83207

CERTIFICATE OF DEATH

1. PLACE OF DEATH Md General Hospital. St., 2755 Ward. V46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred 50 yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C. Sievers

(a) Residence: No. 2707 W. Whitney ave St., ... Ward. Balto Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Emma Sievers

6. DATE OF BIRTH (month, day, year) Mar-21-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	5 6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg Cigars

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar factory

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Adolph Sievers

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Johanna Voss

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Sept 30 1932

19. UNDERTAKER J. Turner Wyman Company
(Address) 108-20 N. Howard Street

20. FILED Sept 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1932 to Sept 28 1932

I last saw him alive on Sept 28 1932. Death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach.	

Other contributory causes of importance:

Myocarditis	

Name of operation ..... Date of Sept 13 32

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify .....

(Signed) H. C. Taylor M. D.

(Address) Md Eden Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12654

83208

HEALTH DEPARTMENT—CITY OF BALTIMORE 83208

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2335 Annapolis Rd St., 25 Ward) Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James L Thompson

(a) Residence: No. 2335 Annapolis Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: RUSBAND of (or) WIFE of Helen L Thompson

6. DATE OF BIRTH (month, day, year) Feb 6 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Levi Thompson

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Eberhardt

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs Helen Thompson

(Address) 2335 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 10/1 1932

19. UNDERTAKER Wm Rehn & Son

(Address) 121 St Paul St

20. FILED Oct 1 1932 Hester Roth Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to Sept 28 1932

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 4 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
	Contributory

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wallace Cole M. D.

(Address) 537 Hartwood Rd Baltimore

M. D. B. 1268-9

83209 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83209

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 N. Glover St. 6-10 Ward) Registered No. 92-201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth 64 yrs. mos. ds.

2. FULL NAME John Baerschmidt

(a) Residence: No. 401 N Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Frances Baerschmidt.

6. DATE OF BIRTH (month, day, year) May 1 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Michael Baerschmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mrs. Kerr

16. BIRTHPLACE (city or town) (State or country) Mrs Kerr

17. INFORMANT Mr Adam G. Baerschmidt

(Address) 1740 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Valley Redeemer Cem Date Oct. 3 1932

19. UNDERTAKER Henry Hoeck Sons, Inc

(Address) 1321 E Eager St.

20. FILED Oct 3 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Sept 29 1932

I last saw him alive on Sept 26 1932 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer Rt Leg Cellulitis Gangrene	
Chronic Nephritis	
Other contributory causes of importance:	
Acute Cardiac Dilatation	1

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo Wolfstein M. D.

(Address) 4797 Liberty Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 83210

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Powell

(a) Residence: No. 747 W. Mulberry st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 22, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Westminster
(State or country) Maryland

FATHER

13. NAME Edward Powell

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Martha Bryant

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Chapel Date Oct 1, 1932

19. UNDERTAKER Hankard & Son
(Address) Reisterstown Md

20. FILED Oct. 1932, 19 R. C. H. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 26, 32

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1932 to Sept. 26, 1932

I last saw her alive on Sept. 26, 1932 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bennett A. Stone, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 83211 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2647 ✱ 46 E 83211

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Durbin

(a) Residence: No. Owings Mills St., ... Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 27 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ephriam Durbin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Gugam

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Baltimore Date Oct 1 1932

19. UNDERTAKER Bankard & Dey
(Address) Westminster Md

20. FILED ... 19... Hunter Williams M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1932 to Sept 29 1932

I last saw him alive on Sept 29 1932. Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows

	Date of onset
Carcinoma of Esophagus	1930

Other contributory causes of importance:
Post-Operative Shock

Name of operation Thoraco Laparotomy Date of 9-28-32

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. Ridgeway Trimble M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83212

CERTIFICATE OF DEATH

✓92 E 83212

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 William St. 24-3rd Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Beulah L. Conway.

(a) Residence: No. 1523 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 27, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Conway

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Marian E Ford

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Frank Conway
(Address) 1523 William St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 1, 1932

19. UNDERTAKER C. Howard Evans
(Address) 3 E E Fort Ave

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1932 11:05 P.M.

22. I HEREBY CERTIFY, That I attended deceased from 1,20 1932 to 9,28 1932

I last saw h[illegible] alive on 9,28 1932 Death is said to have occurred on the date stated above, at 11,05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valv Heart Dis	1,20,32
Myocarditis	7,1,32

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) L. J. Carlington M. D.

(Address) 2102 Mt Holly St

AACo. 5-31 250B

83213

HEALTH DEPARTMENT—CITY OF BALTIMORE

17-E 83213

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Arlington Ave. (Govans) St., 27-47 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Floyd Sullivan Langrall

(a) Residence: No. 601 Arlington Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of Nancy Handly Langrall

6. DATE OF BIRTH (month, day, year) July 9, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can goods
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co. (State or country) Maryland

FATHER

13. NAME Irving M. Langrall
14. BIRTHPLACE (city or town) Dorchester Co. Md (State or country)

MOTHER

15. MAIDEN NAME Lucinda Todd
16. BIRTHPLACE (city or town) Dorchester Co. Md (State or country)

17. INFORMANT Nancy H. Langrall
(Address) 601 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemet. Date Oct. 1, 1932

19. UNDERTAKER Hughes Funeral Home
(Address) 4240 Broadway

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 25th, 1932 to Sept 27, 1932
I last saw him alive on Sept 27th, 1932 death is said to have occurred on the date stated above, at 11:15 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emerphesitis	7
	over
Other contributory causes of importance:	
Pulmonary edema	Sept 26

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. V. Sadler, M. D.
(Address) 2306 Eutaw Place Balto Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

83214

HEALTH DEPARTMENT—CITY OF BALTIMORE

83214

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3545 S. Hanover St., (Ward) 25-75

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Fowler

(a) Residence: No. 3545 S. Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes M. Fowler

6. DATE OF BIRTH (month, day, year) Oct 7, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Ennis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ruth C. Fowler

(Address) 3545 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 9-30 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fort Ave

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Sept 28 1932

(Last saw alive on 9-28-32 1932) Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Cerebral Hemorrhage	
Other contributory causes of importance: Old age	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stephen Dam M. D.

(Address) 1127 Cathedral St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83215

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83215

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore Md St. (14-59 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Kilbaugh

(a) Residence: No. 2129 W Fairmount St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Kilbaugh

6. DATE OF BIRTH (month, day, year) April 3, 876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George Speddler

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louise Frank

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Records Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct 1st 1932

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29-32

22. I HEREBY CERTIFY, That I attended deceased from 6-[illegible] 32 to ... 19... I last saw h[illegible] alive on 9-29 32 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	[illegible]

Other contributory causes of importance: Acute myocardial insufficiency
Diabetes mellitus
Hypertension

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

9-29-32 (Signed) Elmer Hipsley M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83216 Cushen E 83216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emmett E. Cushen

(a) Residence: No. 550 Summit Ave. St., ... Ward. Hagerstown, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Cushen (deceased)

6. DATE OF BIRTH (month, day, year) Nov 24 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 218 E. Morris Ill.

FATHER

13. NAME William E. Cushen

14. BIRTHPLACE (city or town) (State or country) Jamestown Ind.

MOTHER

15. MAIDEN NAME Blanch B Barbee

16. BIRTHPLACE (city or town) (State or country) Jamestown Ind.

17. INFORMANT William E. Cushen
(Address) Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL
Mitchell, Jamestown Indiana Oct. 1, 1932

19. UNDERTAKER 39 W. Main St. Hagerstown
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1932. to Sept. 29, 1932

I last saw him alive on Sept. 29, 1932. Death is said to have occurred on the date stated above, at 7:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis	?
Stone in common bile duct	?
Other contributory causes of importance: Recurrent hemorrhage in operative wound.	9/24/32
Bile peritonitis? Myocardial fail.	9/27/32

Name of operation Drainage of common duct Date of 9/24/32
Cholecystolithotomy
Omentopexy

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) D. M'L. Currie M. D.

(Address) University Hospital, Balto Md

OCCUPATION is very important. See instructions on back of certificate.

E 83217 B—50L

E 83217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-004

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 27-43 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Groscup

(a) RESIDENCE NO. 3010 Woodhome Ave., Hamilton. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 1 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ivy Miller Groscup

6 DATE OF BIRTH (month, day, and year) Aug. 16, 1878

7 AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	54	1	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Schluderberg & Kurdle Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William Groscup, Sr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary Weber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Mrs. Ivy L. Groscup
(Address) 3010 Woodhome Ave. Hamilton.

15 Filed ..., 192... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Probably Coronary (Cardiac) Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of work

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. W. Macht, M. D. Coroner

9/29/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct. 1 1932

20 UNDERTAKER Henry W. Marsden

ADDRESS 805 N. Calvert St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

SEP 2 1932

M. D. E. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83218 E 83218

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Moore

(a) Residence: No. 524 N. Shirley St., St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/24/10

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21 22	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 870

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Andrew Moore

14. BIRTHPLACE (city or town) (State or country) Pa —

MOTHER

15. MAIDEN NAME Harriet Augsburg

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept 30, 1932

19. UNDERTAKER Sam'l. M. Chase, Inc.

(Address) 2 E. P. St. Towson

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1932 to Sept 27, 1932

I last saw her alive on Sept 27, 1932 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	March 1932
Other contributory causes of importance: Pulmonary Tuberculosis	?

Name of operation Laparotomy and Appendectomy Date of Aug 10 1932

What test confirmed diagnosis? Bacterial. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jas. M. Brawner Jr. M. D.

(Address) Johns Hopkins Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83219 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83219

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Penna Ave., 15-21 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jas. Woodland

(a) Residence: No. 2234 Penna Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 1882

7. AGE — Years: 50 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary Co Md

FATHER

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Ritte Freghum

17. INFORMANT (Address) 2234 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Olivet Cemetery Date Dec 30th, 1932

19. UNDERTAKER Archibald A. Hankins (Address) 1845 McCulloh St.

20. FILED Dec. 31, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Onset

Mitral Stenosis

Cardiac Decompensation

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leon Greene Coroner . M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83220

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83220

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3210 Kirwick Road) (13-51 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Belinda J. Plaff.

(a) Residence: No. 3210 Kirwick Road St.; ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam K. Plaff.

6. DATE OF BIRTH (month, day, year) Nov 10, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutting. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Thomas Tracy.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Louise Hughes.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Walter Plaff
(Address) 3449 Kirwick Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Oct 1, 1932

19. UNDERTAKER T. Rhenowith Sons
(Address) 3615-17 Edmondson Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932 to Sept. 28, 1932

I last saw h e alive on Sept. 28, 1932 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Sept 20-32
Other contributory causes of importance: Hypertension	Jan 1-31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Arthur J Dawes, M. D.

(Address) 201 W 33rd St

OCCUPATION is very important. See instructions on back of certificate.

E D. 83221 ✓ E 83221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 13-57 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Edward Poe (Father)

(a) Residence: No. 3537 Arena Vista Ave St., Ward. Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Edward Poe

6. DATE OF BIRTH (month, day, year) May 22, 1904

7. AGE	28 Years	4 Months	7 Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not known Maryland

FATHER

13. NAME Wm Allen Wilson

14. BIRTHPLACE (city or town) (State or country) Not known Maryland

MOTHER

15. MAIDEN NAME Velie Poe

16. BIRTHPLACE (city or town) (State or country) N Carolina

17. INFORMANT Edward Poe

(Address) 3537 Arena Vista Ave Balto

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Oct 1, 1932

19. UNDERTAKER Thanhouser Bros.

(Address) 3615-17 Christmas Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 25th, 1932, to Sept 29, 1932

I last saw her alive on Sept 27, 1932. Death is said to have occurred on the date stated above, at 6:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	9-24-32

Other contributory causes of importance:

Post operative pneumonia	9-26-32
Myocardial failure	9-26-32

Name of operation Release of adhesions Date of operation 9-25-32

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 83222

E 83222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

24-35

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Beason St. ST. ..... WARD)

2-FULL NAME Theresa Kregor,

(a) RESIDENCE NO 1308 Beason St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 19 yrs. ---- mos. ---- ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed or divorced
HUSBAND of (or) WIFE of Frederick Kregor

6 DATE OF BIRTH (month, day, and year) September 15, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	0	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 27
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Austria.

PARENTS

10 NAME OF FATHER John Skuhray.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Frederick Kregor. (husband)
(Address) 1308 Beason St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) September 27, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Indigestion,
Acute dilatation of the heart.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Heimrad, M. D. Coroner

9/29/32 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL Sept 30 1932

20 UNDERTAKER Charles L Stevens

ADDRESS 1300 Fort E

M. D. R. 1268-9

E 83223

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83223

CERTIFICATE OF DEATH

172-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1100 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cassie Wilson Cox

(a) Residence: No. 339 N. Broadway St., ... Ward. 37

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Cox

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Alfred Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Madden

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friend

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Auburn Date Sept 30, 1932

19. UNDERTAKER Virginia A. Brooke

(Address) 146 E. Pleasant St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1932, to Sept 27, 1932

I last saw her alive on Sept 27, 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction, postoperative

Date of onset 9-12-32

Other contributory causes of importance:

Cardiac failure (myocardial)

Name of operation Hysteromyomectomy Date of 9-13-32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. A. Abercrombie, M. D.

(Address) J. H. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83224

HEALTH DEPARTMENT—CITY OF BALTIMORE

83224

CERTIFICATE OF DEATH

97-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 512 E Clement St. 2-4-8-9 Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles R. Thomas

(a) Residence: No. 512 E Clement St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lorena L Thomas

6. DATE OF BIRTH (month, day, year) Sept 3 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Checking Railroad Cars

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 1/2 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George D Thomas

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Carrie Rebstock

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs George D Thomas

(Address) 512 E Clement

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 3 1932

19. UNDERTAKER John F Denny

(Address) 715 Light St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1929 to Sept 29 1932

I last saw him alive on Sept 26 1932 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	1923

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John F Denny M. D.

(Address) 715 Light St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83225 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83225

CERTIFICATE OF DEATH

163

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3106 Elliott St. St., 1-1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Doettlaff

(a) Residence: No. 3106 Elliott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Checker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Doettlaff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Troembull

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Doettlaff (Mother)

(Address) 3106 Elliott St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Cem. Date Oct. 1 1932

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager st.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbolic Acid Poisoning	
Suicide	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Sept 28 1932

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Swallowed Carbolic Ac.

Nature of injury Acid Burns

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) B. Weinberg M. D.
Coroner

(Address) 1303 N. Milton Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—3-29-28—L. F. S.—500 Hks.

E 83226

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83226

CERTIFICATE OF DEATH

131

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Pelham Av ST. 26-45 (WARD))

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William M. Jacob

(a) RESIDENCE NO. 2811 Pelham av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophie Zuschlag Jacob

6 DATE OF BIRTH (month, day, and year) July 12, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER George Jacob

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs Sophie Jacob (wife)

(Address) 2811 Pelham av

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29. 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1932, to Sept. 29, 1932; that I last saw h[illegible] alive on Sept. 28, 1932 and that death occurred, on the date stated above, at 7.00 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.
Hypertension Arteriosclerosis

(duration) yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. ..... mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy.

(Signed) C. Lee Stevens, M. D.

9/29, 1932 (Address) 2878 Greenmount Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: Oct. 1 1932

20 UNDERTAKER: George W. Zimbler

ADDRESS: 1737 E. Eager St

Important. See instructions on back of certificates.

M. D. B. 1268-9

E 83227 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83227

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 N. Chapel St., 9-18 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Hammerschlag

(a) Residence: No. 1829 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of 1862

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Nettie Rosskopf (Niece)
(Address) 1829 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltic Hebrew Cemetery Date Sept 30 1932

19. UNDERTAKER Sol Levinson & Bro
(Address) 1012 E Baltic St

20. FILED SEP 30 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 29/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..... to ....., 19 .....

I last saw h alive on ....., 19 ..... Death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Failure	
Other contributory causes of importance: History of Asthma	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M. D.
(Address) 508 E North Ave Coroner

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83228

E 83228 HEALTH DEPARTMENT—CITY OF BALTIMORE

26475

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 5-6 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Davis

(a) Residence: No. 1224 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	~~Single~~ Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cordelia

6. DATE OF BIRTH (month, day, year) ~~1936~~ 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Richard Davis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Sept 28 . 1932

19. UNDERTAKER Woolsey & Saunders

(Address) 720 E. Madison St.

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 . 1932 to Sept 25 . 1932

I last saw h. living alive on Sept 25 . 1932 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	9/12/32
Appendiceal abscess	9/9/32
Septicemia	9/12/32
Appendicitis	9/9/32
Peritonitis	9/12/32

Other contributory causes of importance:

Arteriosclerosis ?

Exploratory laparotomy; release of intestinal obstruction; appendectomy; drainage of appendiceal abscess;

Name of operation ileostomy Date of 9/12/32

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elmer Wilson Zenders, M. D.

(Address) Johns Hopkins Hospital Baltimore Md

M. D. B. 1268-9

83229

HEALTH DEPARTMENT—CITY OF BALTIMORE

83229

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH — Declared dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 5-8 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Lavis

(a) Residence: No. 204 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Lewis Davis

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Josephine ----

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bureau Homeless & Transient
(Address) Balto. City Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Placed Above Date 9/30/32 19

19. UNDERTAKER J. J. Faber & Sons
(Address) 318 E. Eager St.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 28/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of Importance:

Autopsy by Dr. H.J. Waldeis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Men

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Crouse M. D.
Coroner

(Address) 506 E. Monument

E 83230 ✓ E 83230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-024

Registered No. 10-14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 E. Biddle St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen C. Elwood, Sr

(a) Residence: No. 919 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth C. Elwood

6. DATE OF BIRTH (month, day, year) Oct 17/1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meter Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas. Balto. Co., Md.

FATHER

13. NAME Thomas C. Elwood

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Fannon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Elizabeth C. Elwood
(Address) 919 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 1, 1932

19. UNDERTAKER Rita Wiedefeld
(Address) 714 Greenmount Ave

20. FILED Oct 1, 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28/32, 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Arteriosclerosis ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner . M. D.
(Address) 5506 Ivanhoe

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

83231

HEALTH DEPARTMENT—CITY OF BALTIMORE

83231

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Aloysius Drane

(a) Residence: No. 631 N. Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Jane Bastian

6. DATE OF BIRTH (month, day, year) Sept. 12, 1867

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	65		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed for 5 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Last Worked

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Drane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Bernard J. Drane

(Address) 1602 E. Fort St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 3 1932

19. UNDERTAKER W. M. Cook Co.

(Address) 1217-19 Park St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 . 1932 to Sept 27 . 1932

I last saw him alive on Sept 27 . 1932 Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	Unknown

Other contributory causes of importance:

Bronco pneumonia	Sept 27

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Howard A. Fugua, M. D.

(Address) .....

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E P 83232

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83232

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Maryland Gen. Hospital

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. George Von Monahan

(a) Residence: No. 2727 Tivoly Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr. Geo. Von Monahan

6. DATE OF BIRTH (month, day, year) Apr 20, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Railway Express

10. Date deceased last worked at this occupation (month and year) Mar. 1932

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Rudolph Von Monahan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ulrich

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Geo. Von Monahan

(Address) 2727 Tivoly Ave, Balto

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/3 1932

19. UNDERTAKER [illegible]

(Address) 1217 E Fort Ave

20. FILED [illegible] 19 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1932, to Sept. 27, 1932

I last saw him alive on Sept 27, 1932. Death is said to have occurred on the date stated above, at 1:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	Mar. 1932
Cardiac failure	
Chronic passive congestion	

Other contributory causes of importance:

Hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83233

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83233

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 N. Patterson Pk. Ave. St., 7-10 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Goerge Baker

(a) Residence: No. 522 N. Patterson Pk. Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M. Baker

6. DATE OF BIRTH (month, day, year) Mar. 17, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scalesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchants & Miners

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Baker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lillian Allen
(Address) 522 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Sept. 30, 1932

19. UNDERTAKER Wm. E. Waller & Son
(Address) 2334 Jefferson St.

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18th, 1932, to Sept 27th, 1932

I last saw him alive on Sept 26th, 1932. Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Sept 27th

Other contributory causes of importance:

Arteria Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm E Waller & Son, M. D.

(Address) 1900 Eastern Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1768-9

E 83234 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83234

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2936 McCeldery St. St., 7-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William C. Mehrten

(a) Residence: No. 2936 McCeldery St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Mehrten

6. DATE OF BIRTH (month, day, year) Aug. 17, 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investigater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Mehrten

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie Sallmann

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elizabeth Mehrten
(Address) 2936 McCeldery St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Oct. 2 19 32

19. UNDERTAKER Mrs. E. Miller & Co
(Address) 2324 Jefferson St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29 19 32

22. I HEREBY CERTIFY, That I attended deceased from July 1/32 19 ... to Sept 29/32 19 ...
I last saw him alive on Sept 29/32 19 ... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	about July 1/32

Other contributory causes of importance:

Hypertension

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

Signed John B. Koll M. D.
(Address) 1203 Eutaw

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123 / E 83235

REGISTERED NO. E 83235

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1129 W. Mulberry ST., 16-7th WARD)

2—FULL NAME Mamie McEvoy

(a) RESIDENCE NO. 1129 W. Mulberry ST., 8 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 16 1905

7 AGE: Years 27 | Months 5 | Days 13. | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer: At home

9 BIRTHPLACE (city or town) (State or country): Federal Md

PARENTS

10 NAME OF FATHER: Charles McEvoy.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Alice Edmonds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mother

(Address) 1129 W. Mulberry.

15 Filed ——— 19—— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9/29/32

17 I HEREBY CERTIFY, That I attended deceased from 9/27. 1932, to 9/29. 1932

that I last saw her alive on 9/29. 1932

and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Septicemia from Pneumonia.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos 5 ds.

(duration) yrs. mos 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 9/16/32

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) J. T. Gunn, M. D.

19 (Address) 522 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Oct. 3, 1932

20 UNDERTAKER: Mrs Katie R Williams

ADDRESS 522 N. Schroeder St.

important. See instructions on back of certificate.

M. D. B. 1268-9

83236

HEALTH DEPARTMENT—CITY OF BALTIMORE

C E 83236

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 S. Fremont Ave. St. 22-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie A. Guntrum

(a) Residence: No. 225 S. Fremont Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip C. Guntrum

6. DATE OF BIRTH (month, day, year) February 23, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Mr. Heideman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Wilmer H. Lessner

(Address) 7440 Cardenas Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cem. Date Sept. 30 . 1932

19. UNDERTAKER Joseph H. Cook

(Address) 1003 E. Baltimore St.

20. FILED . 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 3 . 1932 to Sept 26 . 1932

I last saw her alive on Sept 26 . 1932 Death is said to have occurred on the date stated above, at 11.55 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1 yr
Cardio vascular disease	1 yr
Endocarditis	2 mo.
Cardiac Asthenia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. A. Boas . M. D.

(Address) 806 N. Fulton Ave.

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 2268-9

83237

HEALTH DEPARTMENT—CITY OF BALTIMORE

83237

CERTIFICATE OF DEATH

28-65 ~ 92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Hillsworth Road St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Tipton

(a) Residence: No. 2500 Hillsworth Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Tipton

6. DATE OF BIRTH (month, day, year) February 18, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Louis F. Parrish

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Ann Burkins

16. BIRTHPLACE (city or town) Harford County
(State or country) Maryland

17. INFORMANT Mrs. M. Haney
(Address) 2505 Hillsworth Road

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date October 2, 19 32

19. UNDERTAKER Joseph B. Cook
(Address) 1003 W. Baltimore St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) September 28, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 19 32 to Sept , 19 32
I last saw her alive on Sept 25, 19 32 Death is said to have occurred on the date stated above, at 8.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart. Brain Compression	Sept 19
Other contributory causes of importance: Mitral Stenosis Acute Regurgitation	30 years

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. C. [illegible] M. D.

(Address) 4509 Liberty Heights Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

83238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 83238

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St., 1-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 14 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Horney Jr.

(a) Residence: No. 2514 Fait Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) July 19, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	2 14	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner; sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert Horney

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Dorothy Sprigg

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Robert Horney Sr. (Father)

(Address) 2514 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date September 30, 1932

19. UNDERTAKER Henry Sander & Sons, Inc. Henry Sander

(Address) Baltimore St. & Broadway

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1932 to Sept 28, 1932

I last saw him alive on Sept 28, 1932 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia type undetermined	
Cardiac Insufficiency	
Acute glomerulo Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A R Colton, M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 83239 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83239

CERTIFICATE OF DEATH. V 106-002

1-PLACE OF DEATH

CITY OF BALTIMORE: No 2108 Longwood St. 5-6-1 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Henry Frohmitter

(a) RESIDENCE No 2108 Longwood ST. WARD.
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs 8 mos 3 ds. How long in U. S., if of foreign birth? yrs mos ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of ~~or WIFE~~ Mollie S. Frohmitter

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cabinet maker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Charles J. Frohmitter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary E. Meyer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant (Address) Marie F. Ingram 2108 Longwood St

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1932 to Sept. 1932

that I last saw him alive on Sept. 28 1932

and that death occurred, on the date stated above, at 12.10 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Endarteritis

(duration) 8 yrs. ~ mos. ~ ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 2 yrs. ~ mos. ~ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustavus C. Dohme M. D.

. 19 (Address) 3014 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Oct. 1 1932
20 UNDERTAKER	ADDRESS
Wm J. Tuckner Sons	N. Y. Pa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 83240 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83240

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3942 Reisterstown Rd St., (or) Ward) 15-58

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs., ... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lizzie Madeline Jackson

(a) Residence: No. 3942 Reisterstown Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William Jackson

6. DATE OF BIRTH (month, day, year): Mch 6 1865

7. AGE: Years: 67 | Months: 6 | Days: 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Winnsboro So Carolina

FATHER

13. NAME: Samuel Washington

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mary Ellen Inman

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Samuel C. Jackson

(Address) 1914 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Oct. 1. 1932

Funeral Directions

19. UNDERTAKER: Robert Lennox

(Address) .....

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1. 1931. to Sept 28. 1932

I last saw her alive on Sept 28 1932 Death is said to have occurred on the date stated above, at 1130 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	?
Myocarditis	1931
Chronic interstitial Nephritis	1931

Other contributory causes of importance:

arteriosclerosis

Name of operation: None Date of: .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter S. Abbott M. D.

(Address) 2220 Garrison Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 83241

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83241

CERTIFICATE OF DEATH

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 4-30 WARD

2-FULL NAME Malcolm Ross McAdoo

(a) RESIDENCE NO. Ferndale Md ST., ____ WARD ____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Mason Grant McAdoo

6 DATE OF BIRTH (month, day, and year) June 17, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ____ min.
	67	3	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Milledgeville
(State or country) Ga

PARENTS

10 NAME OF FATHER Wm Gibbs McAdoo

11 BIRTHPLACE OF FATHER (city or town) Ga
(State or country)

12 MAIDEN NAME OF MOTHER Mary Faith

13 BIRTHPLACE OF MOTHER (city or town) Ga
(State or country)

14 Informant Mrs. Mildred M. McAdoo
(Address) Ferndale Md

15 Filed ____ 19__ ____ Registrar

SEP 30 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ____ (Inquest, autopsy or inquiry.) find that said deceased came to ____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Uremia

(duration) ____ yrs. ____ mos ____ ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? ____ Date of ____

Was there an autopsy? ____

What test confirmed diagnosis? ____

(Signed) Arthur Fellows, M. D. Coroner

9/30, 1932 (Address) 2739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chicago Ill — DATE OF BURIAL Sept 30 1932

20 UNDERTAKER Wm J. McKeever Sons — ADDRESS North & Pa

mation should be carefully supplied. AGE should be stated EXACTLY. Hospitals should use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

83242

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 93-003

CERTIFICATE OF DEATH

E 83242

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 N Pine ST. 17-25 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Britt

(a) RESIDENCE NO. 420 N Pine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Mar

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Britt

6 DATE OF BIRTH (month, day, and year) Sept 30 1884

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	11	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boarding House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER John Britt sr

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary Britt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant Laura Britt

(Address) 420 N Pine St

15 Filed SEP 3 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29, 1932

17

I HEREBY CERTIFY, That I attended deceased from July 14 32, 19 ..., to Sept 29 32, 19 ...,

that I last saw h[illegible] alive on Sept 28, 19 32

and that death occurred, on the date stated above, at 7:45 m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Post mortem Clots

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Norwood, M. D.

Sept 29 19 32 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Auburn Cem

DATE OF BURIAL Oct 3 1932

20 UNDERTAKER Joseph A Lisby

ADDRESS 409 N Mount St

OF DEATH in plain terms, so that it may be properly classified. Each statement of information is important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83243

E 83243

CERTIFICATE OF DEATH

V 66-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 22 N. Green St.) Ward.

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Woolley Baylor

(a) Residence: No. 740 Gruppe St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bluefield W. Va.

FATHER

13. NAME Dead Woolley Baylor

14. BIRTHPLACE (city or town) (State or country) Bluefield, W. Va.

MOTHER

15. MAIDEN NAME Ivey Ann

16. BIRTHPLACE (city or town) (State or country) Essex Co. Va

17. INFORMANT Md. Gen'l Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date October 1 1932

19. UNDERTAKER Joseph A Lucky
(Address) 1401 N Mount St

SEP 9 01932

20. Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26-1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1932 to Sept. 26 1932

I last saw h.. alive on Sept. 26 1932 death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. (a) Pulmonary Tuberculosis	3-/32
(b)	
(c)	
(d)	
Other contributory causes of importance: Myocardial failure	9-26-32

Name of operation None Date of ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) ... Md. General Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 83244 ✓ E 83244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6301 Park Heights St. Ave WARD) 22-55 REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frank J Hinder

(a) RESIDENCE NO. 6301 Park Heights ST., Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie Hinder

6 DATE OF BIRTH (month, day, and year) June 10, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Gov

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Maryland (State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country)

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Mrs. Nannie Hinder

(Address) 6301 Park Heights Ave

15 Filed , 19 Registrar

SEP 30 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 28-32

17 I HEREBY CERTIFY, That I attended deceased from Sept 21- 1932 to Sept-28 1932

that I last saw him alive on Sept 28 1932

and that death occurred, on the date stated above, at 4 20 P m.

The CAUSE OF DEATH* was as follows:

Myocardites. Cardiac Dilatation Emboli ? (Sudden)

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thomas Jones, M. D.

9/29 1932 (Address) 2806 Rasleigh Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Oct 1 1932

20 UNDERTAKER Josiah Lyles — ADDRESS 1600 N. Howard Ave

CAUSE OF DEATH must be plainly written, so that it may be properly classified. See instructions on back of certificates.

TION is very important

M. D. B. 1265-9

83245

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83245

CERTIFICATE OF DEATH

32-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 24 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Thomas

(a) Residence: No. 548 Wilson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-17-1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co, Va

FATHER

13. NAME Jerry Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lillie Norris

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL SEP 30 1932
Place Johns Hopkins Date

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1931, to 9-26, 1932

I last saw him alive on 9-26, 1932 Death is said to have occurred on the date stated above, at 5:35 P m.

The principal cause of death and related causes of importance were as follows:

Hodgkins Disease

Date of onset 18 month ago

Other contributory causes of importance:

Cachexia

Over 2 years ago

Name of operation None Performed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

9-27-32 (Signed) Elmer Highland M. D.

(Address) Balto. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83246 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83246

CERTIFICATE OF DEATH

119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland Gen. Hospital Ward)
Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Cherry
(a) Residence: No. 3030 Boston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/6/31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER
13. NAME Ernest Ford
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME Anna Cherry
16. BIRTHPLACE (city or town) (State or country) Hazlehurst Miss.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 10/30/32

19. UNDERTAKER Stephen J. Kalkofski
(Address) 1000 S. Linwood Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/29/1932

22. I HEREBY CERTIFY, That I attended deceased from 9/21/1932 to 9/29/1932
I last saw him alive on 9/29/1932 Death is said to have occurred on the date stated above, at 10-20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute gastro-enteritis with fermentative diarrhoea	9/12
Other contributory causes of importance: acidosis Malnutrition	9 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) E. Cowie M. D.
(Address) Md. Gen. Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 2508

E 83247

E 83247 HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderham Hospital St., 9-45 Ward)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chan Meah

(a) Residence: No. SS. Maidan, Cunard Line St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Hindu	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — 1

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	Unknown	Unknown	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman Jr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship Maidan

10. Date deceased last worked at this occupation (month and year) Aug 25 1932

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) India

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dr. Geo. E. Wells (Address) Lexford Building

18. BURIAL, CREMATION, OR REMOVAL. Place Lorraine Cem. Date Sept. 30 1932

19. UNDERTAKER Joseph Cook (Address) 1003 W. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1932 to Sept 30, 1932

I last saw him alive on Sept 30, 1932 death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Meningococcus)	8/25/32
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in Industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. Pete Mercucio M. D.

(Address) Lyderham Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83248

E 83248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2934 W. North Ave St. 15-67 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (64) yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick R. Dixon

(a) Residence: No. 2934 W. North Ave. St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Dixon

6. DATE OF BIRTH (month, day, year) Jan. 10, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 4 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) New Haven Conn

FATHER

13. NAME Wm H. Dixon

14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME Wealthy Dayton

16. BIRTHPLACE (city or town) (State or country) Chittenden

17. INFORMANT Mrs Rachel Dixon

(Address) 2934 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Sept 30, 1932

19. UNDERTAKER Wm H. Fitz Sons

(Address) North & Pa Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12th, 1932 to Sept 28th, 1932

I last saw him alive on Sept 28th, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis	
Myocarditis	

Other contributory causes of importance:

Bronchial Pneumonia	

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Magruder M. D.

(Address) 2 E North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 83249 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 83249

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. .....

CITY OF BALTIMORE: (No. 3600 Old York Road ST., 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Owen N. Cahler

(a) RESIDENCE NO. 3600 Old York Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Edna Cross Cahler

6 DATE OF BIRTH (month, day, and year) May 8 1885

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Auto Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer Baetz Co. Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Wm Cahler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Emma Reiling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Edna Cahler Cross

(Address) 3600 Old York Rd

15 [illegible] Registrar

SEP [illegible] 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 28-1932

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932, to Sept. 28 1932

that I last saw him alive on Sept 28, 1932

and that death occurred, on the date stated above, at 10:55 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Recurrent)
Chronic Rheumatismal Nephritis

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. 0 mos. 13 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Rheumatism

(Signed) Chas. F. Strauss, M. D.

9-29. 1932 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Oct 1st 1932

20 UNDERTAKER George Schilling & Sons — ADDRESS [illegible]

important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks.

E 83250

E 83250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 741 E Lavon ave (St.) 26-41 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Robert Lee Trammel

(a) RESIDENCE NO. 741 E Lavon ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~: Lottie Trammel

6 DATE OF BIRTH (month, day, and year): 7-4-1871

7 AGE — Years: 61 — Months: 2 — Days: 25 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Foreman 086

(b) General nature of industry, business, or establishment in which employed (or employer): Laundry

(c) Name of employer: Eugene Laundry Balto. Co.

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs. Margaret Mitchell

(Address) 2861 Mayfield Ave.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9.29.32.

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27 19 32 to Sept. 29 19 32

that I last saw him alive on Sept. 29 19 32

and that death occurred, on the date stated above, at 7:20 p m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary): Chronic Bronchitis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. A. Meyer, M. D.

Sept. 30, 1932 (Address) 1031 N. Caroline str.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet Cem

DATE OF BURIAL: 10-1 1932

20 UNDERTAKER: Philip Herring

ADDRESS 2016 Orleans St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 83251 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83251

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. ..... St., 4-3-54 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rabbi Meyer Weisbaum

(a) Residence: No. 2212 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rabbi
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dust. Hill Cem. Date 9-30-1932

19. UNDERTAKER Jack Lewis Inc.
(Address) 1431 E. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9 1932 to Sept 30 1932
I last saw him alive on Sept. 30 1932 Death is said to have occurred on the date stated above, at 1.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Sept. 29/1932

Other contributory causes of importance:

Prostatic Hypertrophy	1930

Name of operation Supra-pubic prostatectomy Date of 1st Sept. 13 2nd Sept. 23

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. Cohen M. D.
(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

(Ondorff)

E 83252 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83252

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11 - 24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morgan Ondorff

(a) Residence: No. Bellonille, Md St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unk.

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nursery man

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lancaster Co Pa

FATHER

13. NAME ? Ondorff

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hunkertown, Va. Date Sept 30, 1932

19. UNDERTAKER H. H. Singleton
(Address) Laurel Md

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30/1932

22. I HEREBY CERTIFY, That I attended deceased from 9-28 1932 to 9-30 1932

I last saw h— alive on 9-30 1932 Death is said to have occurred on the date stated above, at 11 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vas. Disease	
Toxemia Hypostatic	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) ..... Md. General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement as to OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83253

CERTIFICATE OF DEATH

E 83253

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 N. Gilmor St., 15-4-159 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 1 da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Infant of Annie Bell Summerville

(a) Residence: No. 1406 N. Gilmor St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Infant

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Maryland
(State or country)

FATHER

13. NAME Hazard Summerville

14. BIRTHPLACE (city or town) North Carolina
(State or country)

MOTHER

15. MAIDEN NAME Annie Bell Johnson

16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT Annie Bell Summerville
(Address) 1406 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date SEP 30 1932

19. UNDERTAKER Commissioner Health.
(Address) [illegible] E WOODBL.

20. FILED ____ 19____ ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/28 1932 to 9-28- 1932
I last saw h.e alive on 9-28- 1932. Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

Prematus Birth — Date of onset 9/28/32
7 mo Child

Other contributory causes of importance:

Working Daily of mother

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) W R Boykin M. D.
(Address)

Information asked for on this certificate is necessary for the registration of the fact. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83254

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Parkin St St. 21-24 Ward) 159

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1/2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Thomas

(a) Residence: No. 510 Parkin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 29, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Charles Walker

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Agnes Thomas

16. BIRTHPLACE (city or town) (State or country) Anaconda Co Mont

17. INFORMANT mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date SEP 30 1932 19...

19. UNDERTAKER Commissioner Health
(Address)

20. FILED SEP 30 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 ... 1932 to Sept 29 ... 1932

I last saw him alive on Sept 29 ... 1932 Death is said to have occurred on the date stated above, at 10:30 Am.

The principal cause of death and related causes of importance were as follows:

Prematurity (32 weeks) — Date of onset 9/27/32

Other contributory causes of importance:

Maternal Lues

Name of operation — Date of ...

What test confirmed diagnosis? clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) M. Alexander Harvey M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83255

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83255

CERTIFICATE OF DEATH

Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3010 Barclay St. 17-50 (Ward)

Length of residence in city or town where death occurred ~~Life~~ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl A Eckhart Jr

(a) Residence: No. 3010 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20. 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Earl A Eckhart — FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ethel Rollins — MOTHER

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ethel Eckhart

(Address) 3010 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 1st 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept 29th . 1932 to Sept 30th . 1932

I last saw h— alive on Sept 29th 1932 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	9/27/32
Contributory Marasmus	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Intestinal Gram Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Yungmeyer M. D.

(Address) 1212 25th St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83256

CERTIFICATE OF DEATH

13-6036

E 83256

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward) 26-36

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rita H. Weimer

(a) Residence: No. 6527 Cleveland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22/1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Walker Weimer

14. BIRTHPLACE (city or town) (State or country) Ashland, Ky

MOTHER

15. MAIDEN NAME Frances McClain

16. BIRTHPLACE (city or town) (State or country) Steuvensville, Ohio

17. INFORMANT Walker Weimer
(Address) 6527 Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Oct 3rd 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 29/32. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery	9/22/32
Other contributory causes of importance:	
Bronchopneumonia (Termnial)	9/27/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Collins M. D.
Coroner
(Address) 508 E Mt St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83257

CERTIFICATE OF DEATH

E 83257

Registered No. 210

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-11 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Hinton

(a) Residence: No. 618 N. Streeper St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Miriam M. Hinton

6. DATE OF BIRTH (month, day, year) March 29, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self-50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Wm Hinton

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Susana Worthan

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mrs Miriam M. Hinton (Address) 618 N. Streeper St

18. BURIAL, CREMATION, OR REMOVAL Place Oxford, North Carolina Date Oct 2, 1932

19. UNDERTAKER Wilson Cole (Address) 121 E. Lee St

20. FILED —, 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquest, autopsy, 19 to 19

I last saw h alive on inquest & autopsy, 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left ribs.	
Punctured left lung	9/20/32
Other contributory causes of importance:	
Struck by automobile	9/20/32

Name of operation none Date of

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/20, 1932

Where did injury occur? Wisconsin Ave & Harrison St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury struck by auto while

Nature of injury crossing street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Kenny M. D.
Coroner

(Address) 2200 E. Madison St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83258

53E 83258

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 W. Franklin St. 17-26 Ward)

Length of residence in city or town where death occurred ....yrs.. mos. ds. How long in U. S. If of foreign birth? ....yrs. mos. ds.

2. FULL NAME Annie E. Sauer

(a) Residence: No. 637 W. Franklin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George W. Sauer

6. DATE OF BIRTH (month, day, year): Oct. 8-1860

7. AGE: Years: 71 | Months: 11 | Days: 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Charles Casey

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Annie Callahan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Alice Pope
(Address) 637 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date Oct. 1 - 1932

19. UNDERTAKER: Margaret E. Flynn
(Address) 1922 Eight-Ave.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1932 to Sept 29, 1932

I last saw her alive on Sept 20, 1932 Death is said to have occurred on the date stated above, at 2:34 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Fractured Femur

Date of onset

Other contributory causes of importance:

Cystitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. E. Finnegan M. D.

(Address) Finnegan Bldg

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SEP 29 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83259

83259

CERTIFICATE OF DEATH

Registered No. 158

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Avenue St.) (9-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. if of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Robert Stevens

(a) Residence: No. 1813 Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Nov. 29. 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Curtis Stevens

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sophia Lucas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs A. Sophy Stevens
(Address) 1813 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 1 1932

19. UNDERTAKER Harry V. Wirtz
(Address) 4101 Edmondson Ave

20. FILED ... 19... P. P. W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1932, to 9-30 1932

I last saw him alive on 9-30 1932 Death is said to have occurred on the date stated above, at 1:25 a.m.

The principal cause of death and related causes of importance were as follows:

marasmus

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Van Bibber M. D.

(Address) St. Agnes Hos. Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83260

CERTIFICATE OF DEATH

93 E 83260

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-21 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Morgan Peter (or Peters)

(a) Residence: No. 1715 Presstman St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Valentine Peter

6. DATE OF BIRTH (month, day, year) Sept 10, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5-1	-	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Odd

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Union S.C.

FATHER

13. NAME Strothers Peter

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Lucy Gilliam

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Records Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Oct 1, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-19-1932 to 9-21-1932

I last saw him alive on 9-21-1932 Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	7-20-32

Other contributory causes of importance:

Hypertension arteriosclerosis	Unknown

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

9-22-32 (Signed) Allen Rigbie M. D.
(Address) Balto. City Hospitals

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83261 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83261

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4703 Greenhill Ave St., 26-41 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria L. Whiteley

(a) Residence: No. 4703 Greenhill Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Chas. H. Whiteley

6. DATE OF BIRTH (month, day, year): Dec. 8th 1855

7. AGE: Years 76 | Months 9 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Thomas Muse

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: E. Hardester

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mrs Harry Phillips

(Address) 4703 Greenhill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct. 3rd 1932

19. UNDERTAKER: Geo M. Frick & Son

(Address) 811 N Howard St

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-27-32 to 9-29-32

I last saw h.. alive on 9-29-32 Death is said to have occurred on the date stated above, at 8A m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 6 mo

Other contributory causes of importance: Exhaustion

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. D. Cope M. D.

(Address) Cor Fulton & Southern

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 83262

E 83262 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2038 E. Hoffman St. 8-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche I. Kline

(a) Residence: No. 2038 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob W. Kline

6. DATE OF BIRTH (month, day, year) Jan 11/1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME William Loebe

14. BIRTHPLACE (city or town) (State or country) Del

MOTHER

15. MAIDEN NAME Bennetta Doe

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Jacob W. Kline

(Address) 2038 E. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Oct. 3rd, 1932

19. UNDERTAKER Henry Breck Sons Inc.

(Address) 1301 E Eager St

20. FILED OCT 1 - 1932 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	
Other contributory causes of importance:	
Undetermined.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1768-9

E 83263

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83263

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 15-21 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Butler

(a) Residence: No. 1630 N. Vincent Pl St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Butler

6. DATE OF BIRTH (month, day, year) ? 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

FATHER

13. NAME Edward Butler

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md

MOTHER

15. MAIDEN NAME Harriet Spriggs

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Record Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date Oct 3 1932

19. UNDERTAKER Hunt H. Chase & Son

(Address) 638 N. Eutaw

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1932 to 9-29 1932

I last saw him alive on 9-29 1932 Death is said to have occurred on the date stated above, at 6:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into left Cerebrum	9-29-32

Other contributory causes of importance:

Cystitis	[illegible]
Arteriosclerosis	[illegible]
Myocarditis chronic	[illegible]

Name of operation None Date of —

What test confirmed diagnosis Observed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

9-30-32 (Signed) Elmer Hirschberg M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

E 83264 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83264

46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 N. Collington Ave St., 12th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph W. Kozlowsky

(a) Residence: No. 726 N. Collington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Kozlowsky

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Sheriff

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Joseph Kozlowsky

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Marie Kolenovsky

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Joseph Kozlowsky

(Address) Bohemia

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 4 1932

19. UNDERTAKER Frank Boarman & Son

(Address) 1906 Calhoun Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Oct 1 1932

I last saw him alive on Oct 1 1932. Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance:

Name of operation Exploratory Date of ...

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Mooney M. D.

(Address) 220 E Madison St

AaCo. 5-31 250P

83265 HEALTH DEPARTMENT—CITY OF BALTIMORE

V/31 E 83265

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 E Madison St., 14-7 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Priscilla White

(a) Residence: No. 1406 E Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 28 1892

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	39	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Florence Jones
(Address) 1426 Mayhew St

18. BURIAL, CREMATION, OR REMOVAL Oak Grove Cem Date Oct 1 1932

19. UNDERTAKER Samuel Hemsley
(Address) 1729 E Monument St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1932, to Sept 27, 1932
I last saw her alive on Sept 27 '32 death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	Sept 26/32
Other contributory causes of importance Chr. Interstitial Nephritis and extreme Hypertension	4 yr

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.
(Address) 1724 E Monument St

M. D. B. 1268-9

83266

HEALTH DEPARTMENT—CITY OF BALTIMORE

83266

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 7-25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. John Mombergen

(a) Residence: No. York Rd - Dorsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced - (write the word)
M	W	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martha Mombergen

6. DATE OF BIRTH (month, day, year) July 7, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George (Dead)

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Haas (Dead)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eleanor Mombergen

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cemetery Date Oct. 3 1932

19. UNDERTAKER Wm. C. Brooks & Son

(Address) Govanstown, Md.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-26 1932 to 10-1 1932

I last saw him alive on 10-1 1932 Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	9-25-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldred Roberts, M. D.

(Address) Franklin Sq Hospital

M. D. R. 1268-9

83267

HEALTH DEPARTMENT—CITY OF BALTIMORE

83267

CERTIFICATE OF DEATH

Registered No. 1195

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Union Memorial Hosp. St. 12-49 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. 4 mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward D. Walter
(a) Residence: No. Belair St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME Chas. D. Walter
14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER
15. MAIDEN NAME Ethel M. Knight
16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Charles L. Walter
(Address) Belair, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Smith Chapel Hospital Co Date Oct. 2 1932

19. UNDERTAKER Wm. J. Tuckwood & Son
(Address) Govt

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12:10 A.M. Oct. 1 1932 to 6:27 P.M. Oct 1 — 1932
I last saw him alive on Oct — 1 — 1932 Death is said to have occurred on the date stated above, at 6:27 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia about	10-1-32
Dehydration	9-25-32
Diabetes	9-22-32

Other contributory causes of importance:
Acidosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Suzanne Sterling M. D.
(Address) Union Memorial Hosp.

A&Co. 5-11 250B

83268 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83268

CERTIFICATE OF DEATH

✓23

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1518 Hollins St. St. 19-24 Ward)

Length of residence in city or town where death occurred LIFE yrs mos ds. How long in U. S. if of foreign birth? yrs mos ds.

2. FULL NAME E. Randolph Sponsler.

(a) Residence: No. 1518 Hollins St. St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Janet L. nee Perkins.

6. DATE OF BIRTH (month, day, year) Jan. 22, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	24	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper**, etc. None
9. Industry or business in which work was done, as **silk mill, saw mill, bank**, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER FATHER

13. NAME Norval Sponsler
14. BIRTHPLACE (city or town) Md.
(State or country)
15. MAIDEN NAME Ruth H. Richardson
16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mr. John S. Stansbury
(Address) 1518 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date Oct 3 19 32

19. UNDERTAKER Geo. L. Beyer Jr
(Address) 1512 Hollins St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1927 to Sept 30 1932
I last saw him alive on Sept 26 1932 death is said to have occurred on the date stated above, at 11.25 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary hemorrhage	9/30
Other contributory causes of importance: Pulmonary tuberculosis	1926

Name of operation ..... Date .....
What test confirmed diagnosis? X-ray - positive sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place**.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dany P. McCarty, M. D.
(Address) 37 W. Preston St.

A&Co. 5-31 250B

83269 E 83269

HEALTH DEPARTMENT—CITY OF BALTIMORE

v 48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp 28-66 St. 28 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Cora Procter

(a) Residence: No. 4403 - Colborne Rd. St., ... Ward City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. Procter

6. DATE OF BIRTH (month, day, year) 12/19/76

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

FATHER

13. NAME John E. Wells

14. BIRTHPLACE (city or town) (State or country) A.A.Co. Md

MOTHER

15. MAIDEN NAME Caroline Smith

16. BIRTHPLACE (city or town) (State or country) A.A.Co. Md

17. INFORMANT Wm. Procter
(Address) 4403 Colborne Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 3 1932

19. UNDERTAKER Margaret A. Flynn
(Address) 1420 Light St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/16, 1932, to 9/30, 1932

I last saw her alive on 9/30, 1932 death is said to have occurred on the date stated above, at 9 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	
Pe uremia	9/28/32
Other contributory causes of importance:	
Obesity	
Post operative shock	

Name of operation Hysterectomy Date of 9/21/32

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Aloha H. Crowther M. D.

(Address) Bon Secours Hosp.

E 83270 Spec. S.—500 Bks.

E 83270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO. 25-75

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3443 Hanover ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Allen P. Walker

(a) RESIDENCE NO. 3443 Hanover St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Wilbur Walker

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Julia Tabor

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant Widow Mother (Father)

(Address) 3443 Hanover St

15 Filed Oct 3 1932, 19 Huntington Williams, N. Registrar

OCT 3 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 29, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1932, to Sept 29, 1932

that I last saw h alive on Sept 29, 1932

and that death occurred, on the date stated above, at 8.20 P. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Decompensated)
Chronic Parenchymatous Nephritis

(duration) yrs. 3 mos. 11 ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation

(duration) yrs. 3 mos. 11 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis

(Signed) Thos. F. Sheeran, M. D.

9-29, 1932 (Address) 878 Harford Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Oct. 3 1932

UNDERTAKER Margaret F. Flynn

ADDRESS 1402 Light St

M. D. B. 1269-9

Dr. Scott 2435 Md Ave Univ 6450

83271 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83271

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 E. 41st St., 9-47 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Miller

(a) Residence: No. 505 E. 41st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Margaret S. Miller

6. DATE OF BIRTH (month, day, year) Dec 25th 1849

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Christine Bechtold

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Margaret Miller
(Address) 505 E. 41st St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/31/ 193

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to Sept 30, 1932

I last saw h[illegible] alive on Sept 30, 1930 Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (2nd attack)	Sept 30
Other contributory causes of importance: Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. Roger M. Scott, M. D.

(Address) 2430 Maryland Ave.

E D 83272

E 83272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Hilkeas & Caton 25 74 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Blockinger

(a) Residence: No. 3001 Annapolis Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~[illegible] WIFE of~~ Margaret Blockinger

6. DATE OF BIRTH (month, day, year) Dec 15th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	9	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City 6V

10. Date deceased last worked at this occupation (month and year) Aug 1930

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Ulrich Blockinger

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John H. Blockinger

(Address) 3001 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 4th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1932 to Oct. 1, 1932

I last saw h[illegible] alive on Oct. 1 1932 Death is said to have occurred on the date stated above, at 12 48 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Colitis with Ulcers

Date of onset

Other contributory causes of importance:

Probable Malignancy Large Intestine

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Alfred Vandiver, M. D.

(Address) St. Agnes Hos.

M. D. B. 1268-9

83273 HEALTH DEPARTMENT—CITY OF BALTIMORE 83273

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 164 Covington St., 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Weyhmann

(a) Residence: No. 164 Covington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius

6. DATE OF BIRTH (month, day, year) Oct 5 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany W. Va.

FATHER

13. NAME Frederick Frech

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mc Kenna

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr John Smythe (Address) 164 Covington St

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland Date Oct 3 1932

19. UNDERTAKER William Cook (Address) 214 St Paul St

20. FILED Oct 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1932 to Oct 1 1932
I last saw her alive on Oct 1 1932 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indefinite	
Exhaustion	Sept 26 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. J. Campbell M. D.

(Address) 164 Hanover St

M. D. B. 1268-9

83274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83274

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. East Dallas Pratt St. 14-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H Milbourne

(a) Residence: No. 402 N Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Milbourne

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	41		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deale Maryland

FATHER

13. NAME Lavin J Milbourne

14. BIRTHPLACE (city or town) (State or country) Deale Maryland

MOTHER

15. MAIDEN NAME Margaret Long

16. BIRTHPLACE (city or town) (State or country) Hallieake Md

17. INFORMANT Minnie Milbourne

(Address) 402 Eastern Place

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 10/2 1932

19. UNDERTAKER Mrs Chas G. Bayley

(Address) 1421 Jefferson St

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other contributory causes of importance:

Undetermined

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 30 1932

Where did injury occur? Public Pier Pratt St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Pier

Manner of injury Drowned

Nature of injury Accidental

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Pleasants Jr. M. D. Coroner

(Address) 1305 N Eutaw St

Spec. 7-17-26—A Co.—200 Bks.

E 83275

Stark

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83275

154

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. Provident Hospital) St. 26 Ward)

2-FULL NAME Marian Stokes

(z) RESIDENCE NO. 838 George St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: col

5 Single, Married, Widowed, or Divorced, (write the word): Child

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: April 27. 1932

6 DATE OF BIRTH (month, day, and year)

7 AGE — Years: — Months: 5 — Days: 3 — IF LESS than 1 day hrs. or min.: 1

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Walter Stokes

11 BIRTHPLACE OF FATHER (City or town):

(State or country): S. C.

12 MAIDEN NAME OF MOTHER: Ethel Ricks

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): S. C.

14 Informant: Walter Stokes

(Address): 838 George St

15 Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30. 1932

I HEREBY CERTIFY, That I attended deceased from July 21. 1932 to Sept 30 1932.

that I last saw h alive on Sept 30 1932.

and that death occurred, on the date stated above, at 9 30 a. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(duration) yrs. 2 mos. 14 ds.

CONTRIBUTORY (Secondary): Cause

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Rey

(Signed) I. Williams M. D.

9/30. 1932 (Address) 1211 Caroline

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary — Date of Burial: Oct 2. 1932

20 UNDERTAKER: Joseph A Sudy — ADDRESS: 409 N. Mount St

very important. See instructions on back of certificates.

OCT 2-1932

E 83276

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83276

CERTIFICATE OF DEATH

36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 238-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl Jones

(a) Residence: No. 1048 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank Jones

6. DATE OF BIRTH (month, day, year): May 26 1884

7. AGE: Years 48 | Months 4 | Days 3 | if LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ballto Md

FATHER

13. NAME: John Butler

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Rebecca Myers

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Frank Jones 1048 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt of Olives Date October 5, 1932

19. UNDERTAKER (Address): Joseph A Lively 1451 N Mount St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1st 32

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	7 Days

Other contributory causes of importance:

Pain Thrombosis	
Wound	22 Days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

E 83277

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83277

CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Flora Jacobs

(a) Residence: No. 908 Rutland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Angus Jacobs

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

MOTHER FATHER

13. NAME Geo Jacobs

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Flora ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Angus Jacobs
(Address) 908 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 10/2/32 19

19. UNDERTAKER Robert Williams
(Address) 1615 McElderry St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 29/32. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

Pistol Shot Wound of Brain — Date of onset 9/29/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 9/29/32 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner. M. D.

(Address) 508 E Lombard

83278 264503

HEALTH DEPARTMENT—CITY OF BALTIMORE

83278

34

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-8 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Edward Monroe Lewis

(a) Residence: No. 511 St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date Oct 3 1932

19. UNDERTAKER Edw Bryant
(Address) 1631 Orleans St

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept-29 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 3 1932 to Sept 29 1932

I last saw h alive on Sept 29 1932 Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral Stricture non T.C.	1927
Periurethral abscess	9/8/32
Bacteremia	9/10/32
Pyelonephritis Bilat. Acute	9/15/32
Uraemia	9/20/32

Other contributory causes of importance:
Syphilis

Name of operation External Urethrotomy Date of 9/5/32
Suprapubic Drainage of pen urethral abscess 9/24/32
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lloyd C. Lewis M. D.
(Address) Johns Hopkins Hosp.

M. D. B. 1265-A

83279

26515

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83279

CERTIFICATE OF DEATH

X154

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-4 (Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. 4 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Carvel Myers

(a) Residence: No. Bradshaw St., Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-12-08

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	24		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Carvel Myers

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Date Oct. 4 1932

19. UNDERTAKER Howard L. McGowan
(Address) Abingdon Md

20. FILED ..., 19.. Lyle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1932 to Oct 1 1932

I last saw him alive on Oct 1 1932. Death is said to have occurred on the date stated above, at 4.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyogenic osteomyelitis	1917
Sepsis	? 1932
Dyspepsia	9-30-32

Other contributory causes of importance:

Name of operation Drainage of suppurating sinus - Right arm Date of 7-30-31

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan Barnes, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

83280 HEALTH DEPARTMENT—CITY OF BALTIMORE 83280

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St. 12-44 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Frederick Edmonds

(a) Residence: No. Perryman, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Retired) Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 68

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frederick A. Edmond

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Laura Bauerfeld

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry Edmond

(Address) Perryman Md

18. BURIAL, CREMATION, OR REMOVAL

Place Spetucia Date Oct 4 1932

19. UNDERTAKER Howard K. McComas

(Address) Abingdon Md

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/30/32 19 to 10/2/32 19

I last saw h[illegible] alive on Oct 2 1932 Death is said to have occurred on the date stated above, at 4½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	2 yrs +
Cerebral Arterio-sclerosis	6 mos
Emphysema + bronchitis	yrs +
Other contributory causes of importance:	
Senility	yrs +

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

83281 E 34 ✓ E 83281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-11 Ward)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Bartell

(a) Residence: No. 802 N. Linwood Ave St., H Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Minnie

6. DATE OF BIRTH (month, day, year) 11/2/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER FATHER

13. NAME Lysander Bartell

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Matilda Hussey

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 10-3-32

19. UNDERTAKER Kendall E. Hunt & Sons
(Address) 1801 N. Broadway

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1X, 1932 to Sept 30, 1932

I last saw him alive on Sept 30, 1932. Death is said to have occurred on the date stated above, at 3 0 1. m.

The principal cause of death and related causes of importance were as follows:

Portal Cirrhosis of liver — Date of onset Mar. 1932 ?

Syphilis of aorta

Other contributory causes of importance:

Name of operation 0 Date of 0

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Alan Brunn, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

83282

E 83282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Bologna Ave. St. 27-48 Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 2 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Sarita Magruder Norris

(a) Residence: No. Reisterstown. Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W..	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/29/1859

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	72	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Col. Wm. Norris

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Lyles Hobson

16. BIRTHPLACE (city or town) (State or country) Chile.

17. INFORMANT (Address) Jefferson D. Norris 128 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Reisterstown, Md. 10/3/32 19

19. UNDERTAKER (Address) Chas. O. Mitchell Funeral Home Inc. Estate Trade

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1/1932

22. I HEREBY CERTIFY, That I attended deceased from (June ..., 1932 to Sept 1st, 1932

I last saw her alive on 9/30 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocardial degeneration	
2.	
3.	

Other contributory causes of importance: Hypostatic pneumonia, Chronic nephritis, Hypostatic pneumonia both lungs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James E. Postell, M. D.

(Address) Reisterstown Md.

M. D. R. 1268-9

E 83283

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83283

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 St. Dunstans Rd. St., 47-48 Ward)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie F. Ellis

(a) Residence: No. 105 St. Dunstans Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	single

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/24/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John E. Ellis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Dorsey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Anna E. Taylor
(Address) 105 St. Dunstans Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 10/3/32 19

19. UNDERTAKER John O. Mitchell & Sons
(Address) Funeral Chapel

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30/32 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 19 24 to Sept 30 19 32

I last saw her alive on Sept 30 - 19 32 Death is said to have occurred on the date stated above, at 11:30 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 1924

Other contributory causes of importance:

Coronary Thrombosis — 9/31/32

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. E. Mitchell M. D.

(Address) 211 N. Maryland Ave

M. D. B. 1268-9

F 83284

83284 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Park Ave. St. 14-W Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine S. Winder

(a) Residence: No. 1407 Park Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Richard B. Winder

6. DATE OF BIRTH (month, day, year) 6/25/57

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	75	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME Thomas S. Streett

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Merryman

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Thomas S. Winder
(Address) 1407 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. 10/3/1932

19. UNDERTAKER John O. Mitchell, Sons
(Address) Lives Embalmed

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/30/32 19

22. I HEREBY CERTIFY, That I attended deceased from April 19 31 to Sept 30 1932
I last saw her alive on Sept 30 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Angina-occlusion Cerebral — Date of onset April 1931
Hypertension
Myocarditis

Other contributory causes of importance: Pulmonary Edema — Sept 26 1931
Cerebral " "

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, state how ...

(Signed) T. H. Woody, M. D.

(Address) 140 Park Ave

N. D. B. 1268-9

83285

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83285

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH St. Joseph Hospital

CITY OF BALTIMORE: (No. 9-11 St., 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Houston

(a) Residence: No. White Hall Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Houston

6. DATE OF BIRTH (month, day, year) Feb. 19 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto Dealer

10. Date deceased last worked at this occupation (month and year) Sept 22 1932

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

FATHER

13. NAME John B Houston

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Sarah M Strawbridge

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Ida Houston

(Address) White Hall Md Rd

18. BURIAL, CREMATION, OR REMOVAL

Place New Freedom Pa. Date Oct 4 1932

19. UNDERTAKER Hartenstein & Mummaker

(Address) New Freedom Pa

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/28 1932 to 10/11 1932

I last saw h[im] alive on 10/11 1932 Death is said to have occurred on the date stated above, at 10:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Empyema	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. F. Hanna M. D.

(Address) 69 Forrest Ave

M. D. B. 1268-9

B 83286 HEALTH DEPARTMENT—CITY OF BALTIMORE 83286

83286

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 Woodlawn Road St. 27-53 Ward)

Length of residence in city or town where death occurred 51 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Hillen Macsherry

(a) Residence: No. 325 Woodlawn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 29th 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Richard M Macsherry

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Emily Hillen

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Richard Macsherry
(Address) 325 Woodlawn Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place West Cathedral Date Oct 3 1932

19. UNDERTAKER Henry W. Perkins Sons Co.
(Address) 1420 Eutaw & Oshen Sts

20. FILED ....., 193.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1. 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26 1932 to Oct. 1 1932

I last saw h.. alive on Oct. 1 1932. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Sept 21.
Acute Bronchitis	July 26.

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Gibson Porter M. D.

(Address) 4822 Roland Ave

M. D. B. 1268-9

E 83287

83287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. St., 21-29 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lea Danforth

(a) Residence: No. Unknown (1254 Clyndon Ave) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Danforth

6. DATE OF BIRTH (month, day, year) Dec 25th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records City Hospt.
(Address) Baltimore City Hospt.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 10/4/32

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 5/22/ 19 29 to 10/1 19 32

I last saw her alive on 10/1 19 32 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	9-25-32

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Bennett A. Glaser M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 83288

83288 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Hering

(a) Residence: No. 1723 W. Fombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Fritz Hering

6. DATE OF BIRTH (month, day, year) Feb 2nd 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Hamilton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Bishop

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/5/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1932, to 10-2, 1932

I last saw her alive on 10-2, 1932. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis (Staphylococcic)	1 mo.?
Staphylococcic Septicemia	2 wks.?
Other contributory causes of importance:	
Bronchopneumonia (Right)	24 hrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. F. Binns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 83289

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83289

CERTIFICATE OF DEATH

92-001

Registered No. 90-69

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2690 (St.) Dulaney (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jack N. Watts

(a) Residence: No. 2690 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19th 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (0)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Ruby P. Watts

14. BIRTHPLACE (city or town) (State or country) Laurel Md.

MOTHER

15. MAIDEN NAME Frances Duchesney

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT Ruby P. Watts

(Address) 2690 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Oct 3rd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1932 to Oct 1 1932

I last saw him alive on Oct 1 1932 Death is said to have occurred on the date stated above, at 5:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	?

Other contributory causes of importance:

Acute Dilitation	Sept 29

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Glassman M. D.

(Address) 2687 Maryland Ave

E 83290

E 83290

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 512 S. Gilmore Street St. 1428 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen S. Porysiak

(a) RESIDENCE NO. 512 S. Gilmore Street St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna . Porysiak

6 DATE OF BIRTH (month, day, and year) 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Car Repair Man 07

(b) General nature of industry, business, or establishment in which employed (or employer) Balto . Ohio R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Maryanna . Porysiak

(Address) 512 S. Gilmore Street

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 30 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932, to Sept 30, 1932, that I last saw him alive on Sept 30, 1932, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Hemorrhage

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Physical

(Signed) James F. Rutherford M. D.

10/1, 19 (Address) 721 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Brooklyn MD Co

DATE OF BURIAL Oct 3 1932

20 UNDERTAKER John M Weber 401

ADDRESS S. Chester St

AaCo. 5-31 250B

E 83291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83291

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Longwood St. 16-67 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Violet Louise Heitz

(a) Residence: No. 1605 Longwood St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry P Heitz

6. DATE OF BIRTH (month, day, year) Feb 7, 1894

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jess Daily

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Lydia Wilson

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Henry P. Heitz
(Address) 1605 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL Oct. 3 1932
Interment Pine Ridge Cemetery

19. UNDERTAKER Harry N. Mitzke
(Address) 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18th, 1932, to Sept 30, 1932

I last saw h alive on Sept 30, 1932 death is said to have occurred on the date stated above, at 7A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Toxemia	
Cardiac failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Floyd M. Cleary M. D.

(Address) 402 N Payson St

M. D. B. 1268-9

E 26 83292 63

HEALTH DEPARTMENT—CITY OF BALTIMORE E 83292

CERTIFICATE OF DEATH

89-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Wills

(a) Residence: No. 237 S Elwood av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mazie

6. DATE OF BIRTH (month, day, year) 10-10-05

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank Wills

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mazie Reynolds

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Oct 5, 1932

19. UNDERTAKER Martin W. E. Deppe Inc
(Address) 37 [illegible]

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1932 to Oct 1, 1932

I last saw h[illegible] alive on Oct 1, 1932 Death is said to have occurred on the date stated above, at 8 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	9/30/32
Pneumococcus septicemia	9/30/32
Other contributory causes of importance:	
Otitis media	9/1/32
Mastoiditis	9/24/32

Name of operation mastoid drainage Date of 9/30/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Clarence Leaf Leighton, M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-9

83293 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83293

CERTIFICATE OF DEATH

+ V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna V. O'Hara

(a) Residence: No. Rosedale and Bridge Aves St., ... Ward. Rosedale Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard F. O'Hara

6. DATE OF BIRTH (month, day, year) July 25/1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME Frank Boblitz

14. BIRTHPLACE (city or town) (State or country) Baltimore City,

MOTHER

15. MAIDEN NAME Lucina Young

16. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

17. INFORMANT Edward O'Hara (son)

(Address) Rosedale & Bridge Aves

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls Date Oct 3, 1932

19. UNDERTAKER Martin E. Duppel Inc

(Address) 27 Lamont

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 30/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2.50 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplex)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jos H Carter, M. D. Coroner

(Address) 508 E Mt. Ave

M. D. B. 1268-9

E 83294

E 83294 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Blvd St. 14-20 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George L. Savage

(a) Residence: No. 1401 Myrtle Ave. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-27-10

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Moncock Va

FATHER

13. NAME Sam Savage

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Lucy Bailey

16. BIRTHPLACE (city or town) (State or country) Moncock Va

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Natural Dem Date Oct 3 1932

19. UNDERTAKER Samuel F. Brumbley
(Address) 1727 E. Monument St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-8 1932 to 9-30 1932

I last saw h alive on 9-30 1932 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Myocardium with ventricular fibrillation	7-13

Other contributory causes of importance:

Hypertension Secondary to Arteriosclerosis

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

9-30-32 (Signed) Elmer Hyslop M. D.

(Address) Balto City Hospitals

83295 P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

83295

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Division St. 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry A Saunders

(a) RESIDENCE. No. 1120 Division ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Estella Saunders

6 DATE OF BIRTH (month, day, and year): Sept 16-1874

7 AGE: Years 58 Months 0 Days 24 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Janitor 070
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: City of Baltimore

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: Henry Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Mary Alexander

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

11 Informant (Address): Estella Saunders 1120 Division St.

15 Filed . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1932, to Sept 30, 1932, that I last saw h[illegible] alive on Sept 30, 1932, and that death occurred, on the date stated above, at 12-40 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary): Sub Acute Bronchitis

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical - Sputum

(Signed) Wm. H. Might, M. D.

10/1, 1932 (Address) 1209 Pleasant St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

PLACE OF BURIAL, CREMATION OR REMOVAL: Pikesville Cem.

DATE OF BURIAL: Oct 3 32

UNDERTAKER: Samuel J. Hemsley

ADDRESS: 1917 McCulloh

M. D. B. 1268-9

E 83296

E 83296 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. 36-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 915 S. Conkling St St., 36 Ward) 37

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Foerstechbrer

(a) Residence: No. 915 S Conkling St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Foerstechbrer

6. DATE OF BIRTH (month, day, year): Oct. 5th 1876.

7. AGE: Years 55 | Months 11 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Jno Reisig

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John Foerstechbrer Husband.

(Address) 915 S Conkling St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date Oct 4th 1932

19. UNDERTAKER: Lilly & Zeiler, Inc.

(Address) 403 S. Wolfe St.

20. FILED Oct 4 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 30th 1932.

22. I HEREBY CERTIFY, That I attended deceased from July 10 1932 to Sept 30 1932

I last saw her alive on Sept 28 1932 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	
Other contributory causes of importance:	
Exploratory	Sept 1932

Name of operation: Exploratory Date of Sept 1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of Injury 19

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. J. Farley M. D.

(Address) 1106 E North Ave

M. D. B. 1268-9

83297

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83297

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md St. 11-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peyton Harris

(a) Residence: No. 901 Dolton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 5-8-87

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Parker Harris

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records (Address) Balto City Hosps.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 9/3/32

19. UNDERTAKER Mrs Geo. H. Holland (Address) 1629 Druid Hill Ave

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-29-1932

22. I HEREBY CERTIFY, That I attended deceased from 9/2/32 to 9/29/32

I last saw him alive on 9/29/32 Death is said to have occurred on the date stated above, at 11.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Aneurism Aortic arch	2
Cardiac Failure	1
Other contributory causes of importance:	
Uraemia.	2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Tolliver M. D.

(Address) Baltimore City Hospitals

Spec.—9-30—A. & Co.—250 Bks.

E 83298

83298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 S. Bond St. 3-4 WARD)

2 FULL NAME Eugene Brown

(a) RESIDENCE NO. 17 S. Bond ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
m	col.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 18, 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	0	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work laborer gdl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bamberg S.C.

PARENTS

10 NAME OF FATHER Simon Brown

11 BIRTHPLACE OF FATHER (city or town) Sumter (State or country) S.C.

12 MAIDEN NAME OF MOTHER Mary Hudson

13 BIRTHPLACE OF MOTHER (city or town) Boston (State or country) Mass.

14 Informant (Address) Geraldine M. Ware 17 S. Bond.

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 29. 1932

17

I HEREBY CERTIFY, That I attended deceased from 9/23, 1932, to 9/29, 1932

that I last saw HIM alive on 9/27, 1932

and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Rayner Brown M. D.

, 19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary DATE OF BURIAL 10/3/1932

20 UNDERTAKER Mrs. Geo. H. Holland ADDRESS 1001 Druid Hill

M. D. B. 1268-P

83299 M

HEALTH DEPARTMENT—CITY OF BALTIMORE

83299

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hosp St., 1538 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Hyman J. Levine

(a) Residence: No. 4029 Reisterstown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Fannie J Levine

6. DATE OF BIRTH (month, day, year) 12-11-1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ashul Levine

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dolcie Shuslan

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fanny J. Levine

(Address) 4029 Reisterstown Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dolphin Street Cem. Date 11-3-32 19

19. UNDERTAKER Jacob Levine

(Address) 2300 E Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19..., to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at Injury m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Clavicle	7/21/32
Brain Hemorrhage	
Other contributory causes of importance:	
Struck by automobile	7/21/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/21, 1932

Where did injury occur? York Rd & Govans Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while crossing Street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.

Coroner

(Address) 2300 E Monument St

M. D. B. 1268-9

83300 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83300

CERTIFICATE OF DEATH

131V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 N. Grantly St. 16-67 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Susana Carroll

(a) Residence: No. 723 N. Grantly St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William E. Carroll

6. DATE OF BIRTH (month, day, year) June 4, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Adam Laumann

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Dannenfelser

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Margarite Jenkins
(Address) 723 N. Grantly St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Oct. 4, 32

19. UNDERTAKER Wm. E. Waller & Son
(Address) 2151 E. Fayette St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 33, 19.. to Oct 1, 1932

I last saw h.. alive on Oct 1, 1932 Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	8 months

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) G. J. Wheile M. D.

(Address) 1279 Hillman St

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83301

E 83301

CERTIFICATE OF DEATH

✓120

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 W. Lexington ST. 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Americus Scott

(a) RESIDENCE NO. 902 W. Lexington St Balto. Md. ST.

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Black

5 Single, Married, ~~Widowed~~, or Divorced, (write the word): Married

a If married, ~~widowed or divorced~~ HUSBAND of (or) WIFE of: Lulu Scott

6 DATE OF BIRTH (month, day, and year): March 12 1882

7 AGE: Years 50 Months 7 Days 20 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of Industry, business, or establishment in which employed (or employer): Gen

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Darlington South Carolina

10 NAME OF FATHER: Dont Know

11 BIRTHPLACE OF FATHER (city or town) (State or country): Darlington South Carolina

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Darlington South Carolina

14 Informant: Lulu Scott

(Address) 902 W. Lexington St. Balto. Md

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 30, 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug. 28. 1932. to Sept 30. 1932.

that I last saw him alive on Sept 30. 1932

and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Error in Diet

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Aug. 20, 1932

Did an operation precede death? No Date of none

Was there an autopsy? None

What test confirmed diagnosis? Symptoms & Signs.

(Signed) H. H. Montague, M. D.

. 19 (Address) H. H. Montague, Md.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Zion Cemetery

DATE OF BURIAL: Oct 3, 1932

20 UNDERTAKER: Mrs Kate A Williams

ADDRESS 322 N Schroeder St

M. D. H. 1268-9

E 83302 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83302

CERTIFICATE OF DEATH

Registered No. 94-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 104 W. Saratoga St. (Ward) 4-Th

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest M. Banks

(a) Residence: No. 104 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 21-1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

MOTHER

13. NAME Laura Banks

14. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

15. MAIDEN NAME Paul Neal

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Mrs Katie R. Williams
(Address) 104 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date Oct 4, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3221 Schroeder St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Augustus Tilley M. D.
Coroner

(Address) 222 E. Saratoga St.

M. D. R. 1208-9

E 83303 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83303

108 V

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital — 70-69 — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkins Ave. Balt. St. Inpls Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Viola Schaeffler

(a) Residence: No. 2529 Pratt St. Balt. St. Inpls Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr. George Schaeffler

6. DATE OF BIRTH (month, day, year) Nov 6 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Curtis Bay Md. Baltimore

MOTHER FATHER

13. NAME Viola Elizabeth Kane Fagan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Anna Burk

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John Leo Fagan (Bro)
(Address) 4220 Curtis Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross a.a.c. Date Oct 4 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

Filed ... 19 OCT 3 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9th 1932 to Sept. 30th 1932

I last saw her alive on Sept. 30th 1932. Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Kidney stone & oper.	
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation nephrolithotomy Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. D. V. Adams M. D.

(Address) St. Agnes Hos

Spec.—7-17-26—A Co.—200 Bks.

83304

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83304

CERTIFICATE OF DEATH

179

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred Simms

(a) RESIDENCE NO. 706 Chamberlain St. St. Ward

(Usual place of abode) Life

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) — 1912

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	20			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER Charles T. Simms

11 BIRTHPLACE OF FATHER (City or town) Md.

(State or country)

12 MAIDEN NAME OF MOTHER Rachel Watts

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

14 Informant Mrs L. C. Booze

(Address) 2346 Stockton

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932

10 — 1

17 I HEREBY CERTIFY, That I attended deceased from 9-29, 1932, to 10-1, 1932

that I last saw h... alive on 10-1, 1932

and that death occurred, on the date stated above, at 7.04 P m.

The CAUSE OF DEATH* was as follows:

Toxic jaundice

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Streptococcic pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No Clinical + Laboratory

What test confirmed diagnosis?

(Signed) George W. Brown M. D.

(Address) Provident Hospital 10-2 1932

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

Date of Burial Oct 5 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1203 Pleasant St

very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 83305

E 83305

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

REGISTERED NO. 15-21

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 N. Mount ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Lynn

(a) RESIDENCE NO. 1416 N. Mount ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Lynn

6 DATE OF BIRTH (month, day, and year) Sept 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Montgomery Co., Md

PARENTS

10 NAME OF FATHER Rubin Lynn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Montgomery Co., Md

12 MAIDEN NAME OF MOTHER Nat Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Martha Lynn
(Address) 1416 N. Mount St

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-1-32

17 I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1932 to Oct 1, 1932

that I last saw him alive on Sept 30, 1932

and that death occurred, on the date stated above, at 12.30 p. m.

The CAUSE OF DEATH* was as follows:

Vascular disease of heart

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? physical Signs & Symptoms

(Signed) John E. S. Camper, M. D.

, 19 (Address) 1119 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Oct 4 1932

20 UNDERTAKER Thomas E. Kelsey

ADDRESS 1303 Pressman St

Spec.—2-29-28—L. F. S.—500 Bks.

E 83306

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001 E 83306

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 School, ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laura J. Brown

(a) RESIDENCE NO. 1510 School St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Walter Brown

6 DATE OF BIRTH (month, day, and year): may 5, 1892

7 AGE: Years 40 Months 4 Days 25 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hagerstown, Md

10 NAME OF FATHER: Wm H. Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country): Hagerstown Md

12 MAIDEN NAME OF MOTHER: Caroline ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Wm H. Holmes

(Address) 1510 School St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 9-30-32

17 I HEREBY CERTIFY, That I attended deceased from 7-5-1932 to 9-30-1932

that I last saw her alive on 9-29-1932

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows: Chronic vavular disease of heart

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) John E. S. Camper, M. D.

19 (Address) 1119 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 4 1932

20 UNDERTAKER: Thomas E. Kelson

ADDRESS 1303 Pressman St

M. D. B. 1268-S

E 83307.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83307.

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore and 13-54 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Bell

(a) Residence: No. 2444 Ethel St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bell

6. DATE OF BIRTH (month, day, year) Feb. 13, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Annes Co. Md

FATHER

13. NAME Jacob S. Richardson

14. BIRTHPLACE (city or town) (State or country) Queen Annes Co Md

MOTHER

15. MAIDEN NAME Mary Watkins

16. BIRTHPLACE (city or town) (State or country) Queen Annes Co Md

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemetery Date Oct 3 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman st

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1932 to 9-24 1932

I last saw her alive on 9-24 1932 Death is said to have occurred on the date stated above, at 7.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	Unknown
Other contributory causes of importance: acute myocarditis Lobar Pneumonia	9-1-32
	9-1-32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

19-2-32 (Signed) Elmer Hightop Jr. M. D.

(Address) Balto City Hospitals

M. D. B. 1965-9

E 83308

E 83308 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83308

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4205 Hecksel Ave St., 2nd Ward)

Length of residence in city or town where death occurred 55 yrs. 7 mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME Eva Fischer

(a) Residence: No. 4205 Hecksel Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Fischer

6. DATE OF BIRTH (month, day, year) March 5 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John C. Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mr. William Fischer

(Address) 4205 Hecksel Ave Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place Carlwood Cemetery Date Oct 4 19 32

19. UNDERTAKER Henry Theodore Luhn, Inc

(Address) 1301 E Eager St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1932 to Sept 29 1932

I last saw h.. alive on Sept 29 1932 Death is said to have occurred on the date stated above, at 5.55 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance: Convulsions

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury "

Nature of injury "

24. Was disease or injury in any way related to occupation of deceased? No

If so, where?

(Signed) W. D. Corge M. D.

(Address) Corey Southern

83309

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83309

23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (The) ..... Ward)

CITY OF BALTIMORE: (No. ..... St., or .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Calvin Dove

(a) Residence: No. 110 E. Colvin st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith Dove

6. DATE OF BIRTH (month, day, year) March 20, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Washington Distric of Columbia

FATHER

13. NAME Benjamin Dove

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Lottie ?

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Oct 3- 1932

19. UNDERTAKER J. J. Fahey & Sons (Address) 1318 Light St.

Registrar.

20. FILED OCT 3 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1932 to Sept. 29 1932

I last saw him alive on Sept. 29 1932 Death is said to have occurred on the date stated above, at 12.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Dixon M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83310 E 83310

CERTIFICATE OF DEATH

93-023

Registered No. 1561

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3624 Fairview Ave (Ward) 15

Length of residence in city or town where death occurred 71 yrs. 8 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eda Eliza Williams

(a) Residence: No. 3624 Fairview Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced. (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Richard N. Williams

6. DATE OF BIRTH (month, day, year): Jan. 29, 1861

7. AGE: Years 71 | Months 8 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: William Brian

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Henrietta Wesley

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mr. Richard N. Williams

(Address) 4719 Harford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Oct. 3 1932

19. UNDERTAKER: Wm. Purnell Sons

(Address) Norris & Graves

20. FILED OCT 3 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932 to Sept 30, 1932

I last saw h[illegible] alive on Sept 30 32 19[illegible]. Death is said to have occurred on the date stated above, at 3.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Contributory Arteriosclerosis and Hypertension	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 919 Park Ave

E 83311

83311

165323

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. E 3-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Konstantine Wawinski.

(a) Residence: No. 212 S. Caroline St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 1892.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Adline Wawinski

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Varvara Kuba

16. BIRTHPLACE (city or town) (State or country) Russia Russia

17. INFORMANT (Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL Place Russian Ind Cem Date Oct. 3. 1932

19. UNDERTAKER John Grabiniskas (Address) 422 S. Eden St.

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29 1932 to Oct 1 1932

I last saw him alive on Oct 1, 1932 Death is said to have occurred on the date stated above, at 12 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Delirium Tremens	
Other contributory causes of importance:	
Toxic Myocarditis (DTs)	
Chronic alcoholism	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wendell Munier ..., M. D.

(Address) Johns Hopkins Hospital

N.B.

AdCo. 5-32 250M

E 83312 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83312

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 334 So Woodyear St., 14 Ward)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 15 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James C. Kimball

(a) Residence: No. 334 So Woodyear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late Sarah M Kimball

6. DATE OF BIRTH (month, day, year) February 7th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Kimball
14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Anna Cutbord.
16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Julia M. Wright
(Address) 334 So Woodyear St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 10/5/ 1932

19. UNDERTAKER John F Cowan & Son
(Address) 401 Penna Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-26 1932 to 10-2 1932

I last saw him alive on 10-2 1932 death is said to have occurred on the date stated above, at 4:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema of Lungs.	3 day
Other contributory causes of importance: Cerebral Hemorrhage - (Left Hemiplegia)	5 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. L. Lichtenberg, M. D.
(Address) 1111 Madison Ave

AaCo. 5-11 2508

83313 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83313

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2140 W Fayette St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Celia Quinn

(a) Residence: No. 2140 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of the late John Quinn

6. DATE OF BIRTH (month, day, year) Febry 2nd 73

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Timothy Nester

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mckenron

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Nora Cotaness
(Address) 2140 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/5/1932

19. UNDERTAKER John Cowperthwait & Son
(Address) 201 Park Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2/1932

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932, to October 1, 1932

I last saw her alive on Oct. 1, 1932, death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	4/29/32

Other contributory causes of importance:

generalized oedema - uremia -	

Name of operation none Date of ...

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) Anthony V Buchanan, M. D.

(Address) 37 S. Stricker St

AaCo. 5 31 2508

83314 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83314

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 Moreland Ave, 13-57 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bridie A. Lanzon

(a) Residence: No. 1301 Moreland Ave, 13-57 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of the late Louis Lanzon

6. DATE OF BIRTH (month, day, year) Nov 4 1866

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	66	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Hogarty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary E Kissner
(Address) 1301 Moreland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bonnie Brae Date 10/4/ 1932

19. UNDERTAKER Lobe & Edwards Inc
(Address) 1901 Pulaski St.

20. FILED ..... 19 ..... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/1/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1932, to Oct. 1, 1932

I last saw h... alive on Oct 1, 1932 death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Head	(6 wks) about
pneumonia.	

Other contributory causes of importance:

Exhaustion
pulmonary edema

Name of operation none Date of ...

What test confirmed diagnosis? Clin. Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, apecify

(Signed) J. H. Ward M. D.

N.T. (Address) 804 Cathedral St

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83315

CERTIFICATE OF DEATH

E 83315

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 22-30 Ward)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helene Strug

(a) Residence: No. 64 Portland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Strug

6. DATE OF BIRTH (month, day, year) June 2-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Goyert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Strug
(Address) 64 Portland St

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem Date 10/3/32, 19

19. UNDERTAKER Geo Lehmbeyer
(Address) 521 N Eutaw St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-1-, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Found by Examining Urine 1 Sugar 1 Suicide	9/27/32

Other contributory causes of importance: Edema Pulmonary Broncho-pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 9/4, 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

M. D. B. 1268-9

E 83316

83316 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St., ... Ward. 27-56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Buehler (Genevieve E. Buehler)

(a) Residence: No. 3619 Belvedere Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James H. Buehler

6. DATE OF BIRTH (month, day, year) September 30, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	-	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Mr. Brown

14. BIRTHPLACE (city or town) (State or country) United States

MOTHER

15. MAIDEN NAME Caroline Burgess

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. James H. Buehler
(Address) 3619 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Oct. 5 1932

19. UNDERTAKER Joseph F. Cook
(Address) 1003 W. Baltimore St.

20. FILED ..... 1932 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 2 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 - 27 1932 to 10 - 2 1932

I last saw her alive on 10 - 2 1932. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	9-25-32
Other contributory causes of importance:	
Chronic Colon Enterocolitis	10-1-32

Name of operation Appendectomy Date of 9-27-32

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. G. Brown, M. D.

(Address) Franklin Square Hospital

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83317

CERTIFICATE OF DEATH

19 E 83317

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Imay Grimes

(a) Residence: No. 1343 Glyndon Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5. 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Vernon L. Grimes

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Daisy B. Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Vernon L. Grimes
(Address) 1003 Bayard St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Oct 4. 1932

19. UNDERTAKER Mr. Mrs. John H. Feipel Son
(Address) 801 N Fayette St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 . 1932. to Oct. 3 . 1932

I last saw her alive on Oct. 3 . 1932. Death is said to have occurred on the date stated above, at 2.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute infectious diarrhoea	
Bronchial pneumonia	

Other contributory causes of importance:

Rachitis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ward A. Andrew M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83318

E 83[illegible]

CERTIFICATE OF DEATH

107-001

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 E. Centre St. 11-7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Hart

(a) Residence: No. 110 E. Centre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willis Hart

6. DATE OF BIRTH (month, day, year) January 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bernice Hart
(Address) 110 E. Centre St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 4 - 1932

19. UNDERTAKER Mrs. Ida B. Smallwood
(Address) 1720 E. Madison St.

20. FILED [illegible] 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1932 to Sept 29, 1932

I last saw h alive on Sept. 29, 1932 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia C Resp	9-11-32
Senility	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles J. Wardlaw M. D.

(Address) 811 Harlem Ave

M. D. B. 1268-9

83319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83319

CERTIFICATE OF DEATH

92-006

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3732 Greenmount Ave. St., 9-47 Ward)

Length of residence in city or town where death occurred 80 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 80 yrs. -- mos. -- ds.

2. FULL NAME Mary Stevenson

(a) Residence: No. 3732 Greenmount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Stevenson

6. DATE OF BIRTH (month, day, year): Oct. 27, 1840

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): ------ Ireland

FATHER

13. NAME: James Guy

14. BIRTHPLACE (city or town) (State or country): -------- Ireland

MOTHER

15. MAIDEN NAME: Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country): -------- Scotland

17. INFORMANT: Miss Jane G. Stevenson
(Address) 3732 Greenmount Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 10/4 1932

19. UNDERTAKER: Hurley Un. Meats & Son
(Address) 805 N. Calvert St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/2 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1932 to Oct 2 1932

I last saw h[illegible] alive on Oct 1 1932 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Thrombosis Endocarditis	
b Cerebral Embolism	Sept 8

Other contributory causes of importance:

Name of operation None Date of ---

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jefferson Buck M. D.

(Address) 5 E. Chase St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83320 83320

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Zanellotti

(a) Residence: No. 1012 Stiles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62 +			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pietro Zanellotti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Johnnia Bazzera

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Catherine Valli

(Address) 1012 Stiles St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Louis Lyons Date Oct 4. 1932

19. UNDERTAKER Reinhardt & Wagner

(Address) 300 N. Eden St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep - Dec 12 1930 to Oct 2 1932

I last saw h er alive on Oct 2 1932 Death is said to have occurred on the date stated above, at 3 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	1930 ?
Nephritis	1930 ?

Other contributory causes of importance:

Uremia	Sept-Oct

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Phagan M. D.

(Address) Baltimore City Hosp

M. D. B. 1268-0

83321

HEALTH DEPARTMENT—CITY OF BALTIMORE 83321

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S Bethel St. 3-4 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmora Byrd

(a) Residence: No. 210 S Bethel st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Byrd

6. DATE OF BIRTH (month, day, year) November 20

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44.	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Hansel Mance

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Sabra Ann Pattison

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Robert Byrd
(Address) 210 S. Bethel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date Oct 3 19 32

19. UNDERTAKER Wendell Wagner
(Address) 2211 E Eden St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 2 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 - 20 - 1932 to 10 - 2 - 1932

I last saw her alive on 9 - 29 - 1932 Death is said to have occurred on the date stated above, at 5,20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset if known
Valvulitis	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?
..... If so, specify —

(Signed) M. McCargin M. D.

(Address) 611 - N. Carolina

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83322

E 83322

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Cornell

(a) Residence: No. 526 N. Fulton Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kane Cornell

6. DATE OF BIRTH (month, day, year) Dec. 22, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME George Cornell

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Margaret Crouse

16. BIRTHPLACE (city or town) (State or country) Greenbriar Pa.

17. INFORMANT Laura A. Smith

(Address) 526 Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Pa. Date Oct 4 1932

19. UNDERTAKER Henry Deutsch

(Address) 4106 Edmondson Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1932 to Oct 2nd 1932

I last saw h.. alive on Oct 1st 1932 Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia with	1932
Suprapubic	
fistula.	

Other contributory causes of importance:

Cicatrix of bladder,	
& Lt. Iliac Glands.	4 yrs. ago.

Name of operation Suprapubic cystotomy Date of 9-30-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Frederick Semmes M. D.

(Address) University Hospital

AdCo. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

83323 E 83323

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1305 S. Carey St. 24-26 Ward)

Length of residence in city or town where death occurred 74 yrs. 7 mos. 20 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Simpson

(a) Residence: No. 1305 S. Carey St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Simpson

6. DATE OF BIRTH (month, day, year) Feb 11 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Miser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Thelma Berigtold
(Address) 1111 Monticello Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 4 1932

19. UNDERTAKER Jos Joerdens & Son
(Address) 2178 E. Pratt

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 1932

22. I HEREBY CERTIFY, That I attended deceased from September 30, 1932, to Oct. 1, 1932

last saw her alive on Sept. 30, 1932 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	

Other contributory causes of importance: Nephritis Chronic

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) O. L. Fountain, M. D.

(Address) 1132 Park Ave

A&Co. 5-31 250M

83324 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83324

CERTIFICATE OF DEATH

Registered No. 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3023 Belvedere Ave St. 27-56 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Felice Palumbo

(a) Residence: No. 3023 Belvedere Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Angelina Cremona

6. DATE OF BIRTH (month, day, year) Nov. 6 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Palermo Italy

MOTHER FATHER

13. NAME Francesco Palumbo

14. BIRTHPLACE (city or town) (State or country) Palermo Italy

15. MAIDEN NAME Giuseppina Fernice

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Josephine Palumbo

(Address) 3023 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Oct 4, 1932

19. UNDERTAKER George J. Puttz Sons

(Address) 1165 Hollins St.

20. FILED Oct 4, 1932 R.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1- 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 24, 1932 to Oct 1- 1932

I last saw him alive on Oct 1- 1932 death is said to have occurred on the date stated above, at 9.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism - Coronary	Oct 1-32
Other contributory causes of importance: Cholecystitis, acute	Sept Oct 24 32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury N.A.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. W. Penn Jr. M. D.

(Address) 111 St Paul

M. D. B. 1268-9

83325 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-004

Registered No. F 83325

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Josephs Hosp.

CITY OF BALTIMORE: (No. ..... St., 26-42 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Esposito

(a) Residence: No. 1827 Bolton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frank Esposito

6. DATE OF BIRTH (month, day, year) Dec. 5, 1896.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Vincent Trapani

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Frances Avasso

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Luco Trapani

(Address) 1213 E. Madison Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Oct. 5, 1932

19. UNDERTAKER George J. Roth Inc.

(Address) 1735 Madison Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932 to Oct. 2, 1932

I last saw her alive on Oct. 2, 1932 Death is said to have occurred on the date stated above, at 8:15 P. m.

The principal cause of death and related causes of importance were as follows

	Date of onset
A. Cerebral Hemorrhage	Oct 1932
B. Brain Tumor	7

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) K. F. Young M. D.

(Address) St Joseph Hosp

M. B. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83326

CERTIFICATE OF DEATH

Registered No. E 83326

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret G.Connor

(a) Residence: No. 1710 North Bond Street St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas J.Conner

6. DATE OF BIRTH (month, day, year) Jan. 31, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Cullen

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Williams

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Thomas J. Conner

(Address) 1710 N. Bond Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Oct. 6, 19

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9.50 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficien y

Date of onset

Other contributory causes of importance:

Possibly fatty degeneration

Coese

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner , M. D.

(Address) 5086 Harford

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83327

CERTIFICATE OF DEATH

92 E 83327

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. 76-37

CITY OF BALTIMORE: (No. Baltimore, Md. St., Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME — Samuel V. Harbaugh

(a) Residence: No. No Home St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marguite Harbaugh ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc — Odd

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Thomas ? ?

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Marguite Harbaugh

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Record City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 10/5/ 1932

19. UNDERTAKER Wm Cook (Address) 1217 St Paul st.

20. FILED — 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-24 . 1932 to 10-2 . 1932

I last saw h alive on 10-2 . 1932 Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

Heart Disease Hypertension. Arteriosclerotic

Date of onset: Unknown

(Other contributory causes of importance:

Chronic insufficiency with acute superadded insufficiency

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — . 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

10-3-32 (Signed) Elmer Leigh Hyland M. D.

(Address) Balto City Hospitals

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83328 E 83328

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth 51 yrs. mos. ds.

2. FULL NAME Thomas Prucha

(a) Residence: No. 933 N. Chapel St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Prucha

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Marie Prucha
(Address) 933 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rodeemer Date Oct 4 1932

19. UNDERTAKER Frank Crockson
(Address) 1000 Edmondson Ave

20. FILED ....., 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 30th, 1932, to October 1st, 1932

I last saw him alive on Oct 1, 1932 Death is said to have occurred on the date stated above, at 12:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	Sept 15, 32
Myocarditis	
Other contributory causes of importance:	
Uremia	Sept 30, 32

Name of operation Supra Pubic Cystotomy Date of 9/30/32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K. J. Young M. D.

(Address) St Josephs Hosp.

M. D. H. 1268-0

E 83329

83329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 Huntingdon St., 2nd Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacqueline Hook Nash

(a) Residence: No. 2129 Huntingdon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 9 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Charles Barbour

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Gladys Nash

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Gladys Nash

(Address) 2129 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Cem. Date Oct 7, 1932

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastroenteritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas. H. Norris, M. D. Coroner

(Address) 1122 N. Calvert St.

D. 83330

HEALTH DEPARTMENT—CITY OF BALTIMORE E83330

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp St. 328 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. John S. Hackenberg

(a) Residence: No. 413 N. Front St., Ward Wyalusing, Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. Emma L. Hackenberg

6. DATE OF BIRTH (month, day, year) Mar. 16, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale china

10. Date deceased last worked at this occupation (month and year) Sept 1931

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Dallas Pennsylvania

FATHER

13. NAME Peter L. Hackenberg

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Pamelia Rood

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Milton Puma Date Oct 6 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to Oct. 5, 1932
I last saw ... alive on Oct. 5, 1932 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	?
Uremia	Sept 27 1932

Other contributory causes of importance:

Name of operation Excision glands rt. supraclav. Date of Sept 30

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) John S. Fowler M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

83331 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83331

CERTIFICATE OF DEATH X 133

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred 5 yrs. mos 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Johnson

(a) Residence: No. 107 5th St. Denton, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Johnson

6. DATE OF BIRTH (month, day, year) June 2 1865

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	67	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas H Johnson

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Frances Fleming

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Mrs Fred Johnson
(Address) Denton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Denton Md Date Oct 6th 1932

19. UNDERTAKER Wm Richardson
(Address) Denton Md

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st. 1932 to Oct 4th. 1932

I last saw him alive on October 4th. 1932 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple abscesses of right kidney	9-1-32
Other contributory causes of importance: Bronchial Pneumonia	10-2-32

Name of operation Nephrectomy Date of 9/27/32

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John Frederick Simmons M. D.

(Address) University Hospital.

No. 83382

E 83332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 922 Jenkins St. 11-24 (Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Goss

(a) Residence: No. 922 Jenkins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fml | 4. Color or Race: Wht | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1868

7. AGE: Years: 64 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md

FATHER

13. NAME: Bell Goss

14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER

15. MAIDEN NAME: Elizabeth Goss

16. BIRTHPLACE (city or town) (State or country): Calvert Co Md

17. INFORMANT: Sallie Leopold

(Address): 1114 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cemetery Oct 4 1924

19. UNDERTAKER: Archibald A. Godfrey

(Address): 1848 W. Lexington St

20. FILED ... 1924 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 2, 1924

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation: Reduction Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Funk Coroner M. D.

(Address)

M. D. B. 1268-9

E 83333 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83333

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 N. Fulton Ave. Ward) 45-21

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Miser

(a) Residence: No. 2005 N. Fulton Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced WIFE of / HUSBAND of Laura V. Miser

6. DATE OF BIRTH (month, day, year) Aug. 19 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Park Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employee

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary E. Hohman

(Address) 2005 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Oct 4 1932

19. UNDERTAKER Wm. Tucker & Sons

(Address) North & Paines

20. FILED ..... 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from 1 - 1 1932 to 10 - 2 1932

I last saw him alive on 10 - 2 1932 Death is said to have occurred on the date stated above, at 4:15 a m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation — Date of —

What test confirmed diagnosis? Aut. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury — 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Burgess M. D.

(Address) 1908 N. Fulton Ave Balto

M. D. B. 1268-9

83334 HEALTH DEPARTMENT—CITY OF BALTIMORE F 83334

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave. St. 10-68 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. x dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Mrs. Christina Steiger

(a) Residence: No. 2717 Mosher St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of George A. Steiger deceased.

6. DATE OF BIRTH (month, day, year) Feb 1 - 188x

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50 xx	0	x	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mr. Chambers Hayes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Don't know Mrs. Christina Hayes

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Anna E. Ohm

(Address) 3049 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 5, 193x

19. UNDERTAKER J. J. Tuchton & Son

(Address) Towson

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 193x

22. I HEREBY CERTIFY, That I attended deceased from 7-2, 1932, to 10-3, 1932.

I last saw her alive on 10-3, 1932 Death is said to have occurred on the date stated above, at 12 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	?
General Carcinomatosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. A. Van Arsdale, M. D.

(Address) St. Agnes Hosp

M. D. R. 1268-9

83335 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 83335

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital Registered No. 34

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. 23 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Wilson

(a) Residence: No. 111 W. West St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Wilson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 yr	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Augustus Wilson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Susie Wilson
(Address) 111 W West St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/5/32 19

19. UNDERTAKER Israel & Brown
(Address) 10 E N Montgomery St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-2- 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-20- 1932 to 10-2- 1932

I last saw him alive on 10-2- 32 19. Death is said to have occurred on the date stated above, at 9:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1931
Moderate Cardiac Hypertrophy	
Other contributory causes of importance:	
Chron Nephritis	
Arterio Sclerosis	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H R Boykin M. D.

(Address) 1512 N. Gilmor

E 83336 HEALTH DEPARTMENT—CITY OF BALTIMORE E83336

CERTIFICATE OF DEATH

154

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Eastern St. St. 12-51 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Fletcher

(a) Residence: No. 2223 Eastern St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	aa	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
			3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nil

10. Date deceased last worked at this occupation (month and year) nil

11. Total time (years) spent in this occupation nil

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Herman Fletcher

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Helen Fletcher

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Herman Fletcher
(Address) 2223 Eastern St Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 3rd 1932

19. UNDERTAKER [illegible]
(Address) for Wm E. Woodall

20. FILED Oct 3 1932 Registrar. WPR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1932, to Sept 30, 1932
I last saw him alive on Sept 30. 1932. death is said to have occurred on the date stated above, at 11.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (6 months)	
Other contributory causes of importance: Physical condition of Mother	

Name of operation nil Date of nil

What test confirmed diagnosis? Exam Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .....Date of injury....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W E Wall M. D.

(Address) 424 E 25 St Balto Md

A4Co. 5-31 250R

83337. **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 83337

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH West Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 90-64 St., Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ella Furst

(a) Residence: No. 302 N Pulaski St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H Furst

6. DATE OF BIRTH (month, day, year) Feb 16 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camden N J

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Margaret McCann

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Mrs James E Jones

(Address) 302 N Pulaski St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct 6 1932

19. UNDERTAKER Robert S Settle

(Address) 2700 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1932

22. I HEREBY CERTIFY, That I attended deceased from August 27 1932 to October 3 1932

I last saw her alive on Oct 3 1932 death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Diabetic Gangrene of Foot	?
Chronic Nephritis	?

Other contributory causes of importance:

Chronic Hypertensive Cardio-Vascular Disease	?
Generalized arteriosclerosis	

Name of operation Amputation, Mid-Thigh Date of 9/28/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

M. D. B. 1348

83338

HEALTH DEPARTMENT—CITY OF BALTIMORE 83338

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 W. Lanvale St. 17-24 Ward)

Length of residence in city or town where died occupied .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME John N. Squirel

(a) Residence: No. 522 W. Lanvale St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869?

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about 63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Jno. N. Squirel
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Jones
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Squirel
(Address) 522 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Date Oct 4 1932

19. UNDERTAKER Samuel Stansbury
(Address) 57 S. Bentalou St.

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 29th, 1932 to Sept 30, 1932
I last saw him alive on Sept 30, 1932 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hyp Ht

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A.R. Lanvale, M. D.

(Address) .....

M. D. H. 1248-9

Rambert

HEALTH DEPARTMENT—CITY OF BALTIMORE

83339 E 83339

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Sarah Ann St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alberta Rambert

(a) Residence: No. 619 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Rambert

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Stewart

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lendra Foote

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Albert Rambert
(Address) 619 Sarah Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date 10-4 1932

19. UNDERTAKER Mrs. Kate R. Williams
(Address) Schroeder Md

OCT 4 - 1932

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner . M. D.

(Address)

M. D. H. 1269-9

83340 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 83340

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 W. Mulberry St., 4-25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Lewis

(a) Residence: No. 641 W. Mulberry St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mabel Lewis

6. DATE OF BIRTH (month, day, year) April 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Isaac Lewis

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rosie Fisher

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James Lewis
(Address) 1019 W. Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Oct 2 . 1932

19. UNDERTAKER Mrs Ida R. Williams
(Address) 3224 Edmondson Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Probably due to Pulmonary Tuberculosis.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. H. 1268-9

F 83341

83341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp. St. 13-53 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME T. Albert E. Younger

(a) Residence: No. 820 N. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelia E. Younger

6. DATE OF BIRTH (month, day, year) Feb 20, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Milkman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Traction Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas A. Younger

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Knight

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Addie E. Younger
(Address) 820 N. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL Date Oct. 6, 1932
Place St. Mary's Hampden

19. UNDERTAKER Theodore G. Burger
(Address) 3631 Falls Road

Filed OCT 4 - 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932, to October 3, 1932

I last saw him alive on Oct 3, 1932. Death is said to have occurred on the date stated above, at 1 30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac	
vascular disease	

Other contributory causes of importance: Cardiac decompensation

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Burns, M. D.

(Address) Mercy Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83342

CERTIFICATE OF DEATH

83342

107-001

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 12-51 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 9 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Hoffmaster (Baby)

(a) Residence: No. 406 N. 24th St. St., Ward. Balto Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 14, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles Hoffmaster

14. BIRTHPLACE (city or town) (State or country) not known Virginia.

MOTHER

15. MAIDEN NAME Elsie Wiles

16. BIRTHPLACE (city or town) (State or country) not known Maryland

17. INFORMANT Mrs. Charles Hoffmaster

(Address) 406 N. 24th St. Balto Md.

18. BURIAL, CREMATION, OR REMOVAL.

Woodlawn Date Oct 5, 1932

19. UNDERTAKER Chesnutt & Son

(Address) 3615-17 Christian Ave

20. FILED Oct 4, 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1932, to Oct. 3, 1932

I last saw her alive on Oct. 3, 1932. Death is said to have occurred on the date stated above, at 7 20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Sept 17 '32
Cardiac Failure	Oct 2 '32
~~Hysterectomy~~	

Other contributory causes of importance:

Colitis mucosa	Sept 17 '32
~~Hysterectomy~~	Sept 30, '32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dorothy Young M. D.

(Address) Union Memorial Hosp

M. D. B. 1268-9

E 83343

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83343

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4139 Falls Road) 13-52 Ward

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Whalen

(a) Residence (No. 4139 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C. Whalen

6. DATE OF BIRTH (month, day, year) Aug 14, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah C. Whalen
(Address) 4139 Falls Road

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Park Date Oct 4, 1932

19. UNDERTAKER Chenoweth & Son
(Address) 3615-17 Eastern Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1932 to Oct 2, 1932

I last saw h[illegible] alive on Oct 1, 1932 Death is said to have occurred on the date stated above, at 11a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Unknown

Other contributory causes of importance:

Encephalitis
Mitral Regurgitation. April 1932
Cardio Renal Decompensation

Name of operation None Date of

What test confirmed diagnosis? Clinical signs Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Martin M. D.

(Address) 4037 Falls Road

M. D. B. 1268-9

83344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83344

CERTIFICATE OF DEATH

157-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St. 21-29 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joan Lee Andrest

(a) Residence: No. 514 Scott St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13th, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry Andrest

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Elizabeth Sgriven

16. BIRTHPLACE (city or town) (State or country) annapolis Md

17. INFORMANT Elizabeth Andrest
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Oct 5 1932

19. UNDERTAKER Wm F. Badagri
(Address) 704 Hanover St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 14th 1932 to Oct 4th 1932

I last saw h er alive on Oct 4th 1932 Death is said to have occurred on the date stated above, at 5 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteritis	Sept 13th

Other contributory causes of importance:

Name of operation not performed Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Eldred Roberts M. D.

(Address) Franklin Sq. Hospital

M. D. B. 1268-9

E 83345 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83345

CERTIFICATE OF DEATH

1164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 417 Druid Hill Av St., 11-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. E. Malette

(a) Residence: No. 417 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col. | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) about 1887

7. AGE: Years About 45 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not employed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Order Elks Baltimore Lodge

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Boyd Date Oct 4, 1932

19. UNDERTAKER Grove P. Gibson

(Address) 1235 Druid Hill Ave

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 29th 32

22. I HEREBY CERTIFY, That I attended deceased from September 19 32

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suicide Illuminating Gas Asphyxiated

Date of onset

(Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Funk Coroner, M. D.

(Address)

M. D. B. 1268-9

DUPLICATE

83346

HEALTH DEPARTMENT—CITY OF BALTIMORE

83346

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp 12-50 St., or Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Blatchley Etzel

(a) Residence: No. 2606 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 1, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Edward Etzel

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Blatchley

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Kept as museum piece Date ... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Sept 6, 1932

I last saw h-e alive on Sept 6, 1932 Death is said to have occurred on the date stated above, at 900p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Transition	

Other contributory causes of importance:

Prematurity	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) R. F. Young, M. D.

(Address) St. Joseph Hosp.

M. D. R. 1268-9

E 83347

HEALTH DEPARTMENT—CITY OF BALTIMORE

D 83347.

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 317 Tunbridge Rd. (St.) 11-24 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? 77 yrs. 2 mos. 11 ds.

2. FULL NAME Emily Jane May

(a). Residence: No. 203 Bolton St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Alfred May

6. DATE OF BIRTH (month, day, year): July 22/1855

7. AGE — Years: 77 | Months: 2 | Days: 11 | If LESS than 1 day, hrs. or min. .....

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Moses G. Hopkinson

14. BIRTHPLACE (city or town) (State or country): Mass.

MOTHER

15. MAIDEN NAME: Elizabeth Frailey

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mr Howard May (son)

(Address) 301 Woodlawn Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Cem. Date: Oct. 5, 1932

19. UNDERTAKER: Stewart & Co.

(Address) 1848 W. Pratt Ave.

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1932 to Oct. 3, 1932

I last saw her alive on Oct. 3, 1932 Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Aug. 7/1932
Other contributory causes of importance: Chronic Nephritis	1929

Name of operation: No. Date of:

What test confirmed diagnosis: Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify No.

(Signed) Joseph W. Metzky, M. D.

(Address) 1207 Eutaw Place

M. D. B. 1268-9

E 83348

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83348

CERTIFICATE OF DEATH

72-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-49 Ward)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

7

2. FULL NAME Mr. Calvin Carl Secrist

(a) Residence: No. 3952 Canterbury Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE (or HUSBAND) of Blanche I. Secrist

6. DATE OF BIRTH (month, day, year) Sept. 2. 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Radio and auto accs.

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) ..... (State or country) Illinois

FATHER

13. NAME Calvin Secrist

14. BIRTHPLACE (city or town) Henderson Co. (State or country) Illinois

MOTHER

15. MAIDEN NAME Carrie Samson

16. BIRTHPLACE (city or town) Monmouth (State or country) Illinois

17. INFORMANT Harry C. Trace
(Address) 2306 Rogers Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 6 1932

19. UNDERTAKER Stevenson Mortuary
(Address) Lexington

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 2. 1932 to Oct 4th 1932

I last saw him alive on Oct 4th 1932. Death is said to have occurred on the date stated above, at 1.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid Leukemia	July 30

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Burbidge M. D.
(Address) Union Memorial Hospital

M. D. R. 2965-A

83349

HEALTH DEPARTMENT—CITY OF BALTIMORE

83349

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mendes Hill Apts St. 15-65 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. — mos. — ds. How long in U. S. If of foreign birth? 78 yrs. 1 mos. 3 ds.

2. FULL NAME Elizabeth Wilson Meyer

1a) Residence: No. Windsor Hill Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: none

6. DATE OF BIRTH (month, day, year): Aug 30 1854

7. AGE: Years 78 | Months 1 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Fort Smith Arkansas

FATHER

13. NAME: Gustavus Meyer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Matilda Scraggs

16. BIRTHPLACE (city or town) (State or country): Fort Smith Arkansas

17. INFORMANT: Miss Rose L. Meyer (sister)

(Address) Windsor Hill Apts

18. BURIAL, CREMATION, OR REMOVAL

Place: Ft. Lincoln Md Date: Aug 1 1932

19. UNDERTAKER: Sturgis Morgan

(Address) 158 W. Mulberry

20. FILED [illegible] 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28. 1932 to Oct 3 1932

I last saw her alive on Oct 3 1932. Death is said to have occurred on the date stated above, at 8 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9/28/32

Other contributory causes of importance:

Chron. Myocardial degeneration

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) J. Wesley Cole M. D.

(Address) 2207 Boonsboro

M. D. B. 1268-9

E 83350

83350 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 54-002

1. PLACE OF DEATH St. Agnes. Hospital

CITY OF BALTIMORE: (No. ..... St. 25-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3wks. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Rabl.

(a) Residence: No. Bayside (Fort Howard) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Rabl.

6. DATE OF BIRTH (month, day, year) Apr. 12 1885.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or min.
	47	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME August Rothenbuecher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Buettner.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wilhelmina Feldmann Sister
(Address) 18 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 6 19 32

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 423 E. Wolfe St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29th, 1932 to Oct. 3rd, 1932

I last saw h[illegible] alive on Oct. 2nd, 1932 Death is said to have occurred on the date stated above, at 12¼ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	

Other contributory causes of importance:

Name of operation Hysterectomy Date of [illegible]

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George Gordon M. D.

(Address) St. Agnes Hospital

M. D. B. 1268-9

3351 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 83351

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 Fait Ave St., 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Kuhn

(a) Residence: No. 2323 Fait Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late John W. Kuhn

6. DATE OF BIRTH (month, day, year) May 25 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Kuhn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sabina Hafer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Oscar Kuhn
(Address) 2323 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 5th, 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2nd, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1932 to Oct 2 1932

I last saw h[illegible] alive on Oct 1 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & hypertension	1929
Bronchopneumonia	1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm. J. Hahn M. D.

(Address) 3567 Falcon

M. D. H. 1268-9

E 83352 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83352

26425 Fed

CERTIFICATE OF DEATH

107-081

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Priet

(a) Residence: No. 217 S. Collington Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/28/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	-	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Frank Priet

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Hartman

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Owner
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 5th 1932

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S. Wolfe St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-1-1932 to 10-3-1932

I last saw him alive on 10-3-1932. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	7/24/32

Other contributory causes of importance:

Prematurity	7/28/32
Pneumonia	10/2/32
Rickets	7/28/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John H. Washington M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

83353 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83353

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 3-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Eliz. Posey. (Mrs Wm Conway)

(a) Residence: No. 920 N. Pratt St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	47	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework-gen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William ?

14. BIRTHPLACE (city or town) (State or country) ?, Va.

MOTHER

15. MAIDEN NAME Charity Goodman

16. BIRTHPLACE (city or town) (State or country) Aunt Ground to me

17. INFORMANT Records Balto. City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date 10/4 1932

19. UNDERTAKER Walter B. Spriggs

(Address) 1394 W. Lanvale St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-23 1932 to 9-28 1932

I last saw h[illegible] alive on 1-28 1932 Death is said to have occurred on the date stated above, at 5.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	Unknown
Other contributory causes of importance:	
Pneumonia	5-28-32
Cachexia	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

9-29-32 (Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83354 E 83354

CERTIFICATE OF DEATH

Registered No. 139

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 14-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Peel

(a) Residence: No. 411 N. Parrish St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Widower

5a. If married, widowed, or divorced! HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Sept 1st 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

FATHER

13. NAME Ceasor P. Peel

14. BIRTHPLACE (city or town) (State or country) Essex Co Va

MOTHER

15. MAIDEN NAME Lucindia ?

16. BIRTHPLACE (city or town) (State or country) Essex Co Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct 4 19 32

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-19 1932 to 9-30 1932

I last saw him alive on 9-30 1932 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy with Uremic retention	?
Other contributory causes of importance: Uremia	9-19-32

Name of operation no Date of —

What test confirmed diagnosis? C.F. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) William B. Selenka M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83355

CERTIFICATE OF DEATH

159

E 83355

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Craies Evans

(a) Residence: No. 2127 Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-29-32

7. AGE	Years	Months	Days	If LESS than 1 day, 8 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Craies Evans

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Catherine Green

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Oct [illegible], 19[illegible]

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1932 to Sept 29, 1932
I last saw him alive on Sept. 29, 1932 Death is said to have occurred on the date stated above, at 12:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	9-29-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Hugh S. Kuttner, M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-0

83356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83356

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) St., 16-22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Benjamin Platter

(a) Residence: No. 1326 Lafayette ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn Platter

6. DATE OF BIRTH (month, day, year) Jan. 18, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Platter

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date 10-4 1932

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21 1932 to Sept. 28 1932
I last saw him alive on Sept. 28 1932 Death is said to have occurred on the date stated above, at 9.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Shaw M. D.

(Address) Baltimore City Hospitals

M. D. R. 1268-9

E 83357

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83357

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. 7 Fayette St. 15-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Bailey

(a) Residence: No. 934 W. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Color	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25-1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Vernon Bailey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ruby Bailey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ruby Bailey

(Address) Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10-5 1932

19. UNDERTAKER Daniel Eaton & Son

(Address) 916 Park ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-19 1932 to 10-3 1932

I last saw h[illegible] alive on 10-3 1932 Death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intercurrent Meningitis	9-18-32
Intercurrent pneumonia	9-18-32

Other contributory causes of importance:

Name of operation Lumbar puncture Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No. If so, specify .....

(Signed) Morris B. Schreiber M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

E 83358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83358

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Bolton St., 11 Ward)

Length of residence in city or town where death occurred 44 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane M. Fox

(a) Residence: No. 1202 Bolton St St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, year) August 1st 1861

7. AGE	71 Years	7 Months	4 Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 47 0

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles A. Fox

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza O'Brien

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles A. Fox Jr

(Address) 1202 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Oct 6 1932

19. UNDERTAKER Henry H. Tenkins & Sons

(Address) Oakland & Mt Lebanon Sts

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1932, to Oct 4th, 1932

I last saw her alive on Oct 3rd, 1932. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	July 1932
Pulmonary Edema	Sept 25/32
Other contributory causes of importance:	
Secondary Anaemia	6 months
Arteriosclerosis.	5 years

Name of operation None Date of ...

What test confirmed diagnosis? Upon Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ...

(Signed) H. Gholand, M. D.

(Address) 1301 E. Calvert St

Spec.—1 12 23—M&T—500 Bks.

E 83359 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83359

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (a) NO. 1110 Edmondson Ave ST. (b) WARD 26

2-FULL NAME Grace Harris

(a) RESIDENCE NO. 1110 Edmonson Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced: HUSBAND of or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) — 1884

7 AGE: Years 48 — Months — — Days — — If LESS than 1 day, — hrs or — min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home work

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER James Pollard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Grace Pollard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Anne Pollard 502 N. Pine St

15 Filed ..... 19 ..... Registrar

Huntington Williams, N.P. R. P. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 - 3 - 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1932, to Oct 2nd, 1932, that I last saw her alive on Oct 2nd, 1932, and that death occurred, on the date stated above, at 8:10 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) yrs. 9 mos — ds.

CONTRIBUTORY (Secondary) Unknown (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Jas C Carson, M. D.

, 19 (Address) 6433 Hyndson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: Oct 6 1932

20 UNDERTAKER: James A Hayes

ADDRESS 142 Ostend St

M. D. B. 1288-9

E 83360

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83360

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1029 N. Gay St. 13 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Laurie

(a) Residence: No. 1029 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Robert Laurie

6. DATE OF BIRTH (month, day, year) Jan 3rd 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Hermann Hebing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie Laurie

(Address) 1029 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 10/6/ 1932

19. UNDERTAKER Wm Cook

(Address) 127 St. Paul St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 1932 to Oct 3 1932

I last saw her alive on Oct 3 1932 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt Hemiplegia	Oct 3/32
Cerebral Hemorrhage	Oct 3/32
Other contributory causes of importance:	
Arteriosclerosis	about 2 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hardy Jr. M. D.

(Address) 102 W. Lanvale

M. D. B. 1268-9

E 83361 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83361

CERTIFICATE OF DEATH

Registered No. 27-001

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 21-34 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Clem

(a) Residence: No. 1017 Ridgely St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE Annie Clem

6. DATE OF BIRTH (month, day, year) Sept 20, 1869

7. AGE: Years 63 | Months 0 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

FATHER

13. NAME Ezra Clem

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

MOTHER

15. MAIDEN NAME Mary Whitmore

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date 10/6 1932

19. UNDERTAKER Wm Lyle & Son
(Address) 1219 E. Baltimore St.

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1932 to Oct 4, 1932

I last saw him alive on Oct 3, 1932 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Bone, Lumbar Spine	3 mos. (?)
Other contributory causes of importance:	
Arterial Sclerosis, Generalized	?
Bronchopneumonia	10/2/32

Name of operation None Date of ...

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Bennett A. Stone M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

Dr Knoop 2700 Hanford Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83362

CERTIFICATE OF DEATH

E 83362

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1833 E. Lafayette Ave (Ward) E-17

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman H. Steinert-Hedrick

(a) Residence: No. 1833 E. Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or WIFE of) Bertha Hedrick

6. DATE OF BIRTH (month, day, year) Feb 3rd 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sch Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn

FATHER

13. NAME Herman Hedrick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman H. Steinert

(Address) 1833 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Comm Date Oct 7th 1932

19. UNDERTAKER Wm Cook

(Address) 1517 E. Fort Ave

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1929 to Oct 4 1932

I last saw him alive on October 3, 1932 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Disease	1931

Other contributory causes of importance:

Pulmonary Tuberculosis	1929

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fritz Kissinger, M. D.

(Address) 2700 Hanford Ave

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83362 E 83363

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 9-4 (Ward)

Length of residence in city or town where death occurred 5 yrs. .. mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .. mos. .... ds.

2. FULL NAME Anne Grant.

(a) Residence: No. 1706 E 29th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest

6. DATE OF BIRTH (month, day, year) Sept 23-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wis.

FATHER

13. NAME Geo Trolley

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Anna Dunkohler

16. BIRTHPLACE (city or town) (State or country) Wis.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Milwaukee Wis. Date Oct 5th, 1932

19. UNDERTAKER Jno Cook
(Address) 1217 St Paul st

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1932 to Oct 3, 1932

I last saw her alive on Oct 3, 1932 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus — Date of onset .....

Other contributory causes of importance:

Malnutrition, Involvement of lungs

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. Carmichael Leighman, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 83364

E 83364 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 E Madison St., 7-13 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 25 yrs. ... mos. ... ds.

2. FULL NAME John Zingor

(a) Residence: No. 1838 E Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Zingor

6. DATE OF BIRTH (month, day, year) Nov. 8, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker " "

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Zingor

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Zingor
(Address) 1838 E Madison st

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 7, 1932

19. UNDERTAKER Frank Crockett Son
(Address) 1906 Aisquith

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1932 to Oct. 4, 1932

I last saw h[im] alive on Oct. 4, 1932 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	9/14/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Vincent V. Dooley, M. D.

(Address) 845 N. Patterson Park Ave

Spec.—2-29-28—L. P. S.—600 Bks.

E 83365

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83365

CERTIFICATE OF DEATH

REGISTERED NO. 24-35

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1444 Aisquith ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frances Meier

(a) RESIDENCE NO. 1444 Aisquith ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Meier

6 DATE OF BIRTH (month, day, and year) Oct 11 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Aloysius Osmanski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Frances Meier daughter

(Address) 1444 Aisquith St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2-1932

17 I HEREBY CERTIFY, That I attended deceased from January 1, 1932 to Oct 2, 1932

that I last saw her alive on Oct 1, 1932

and that death occurred, on the date stated above, at 12 55 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach
(Pylorus)

(duration) yrs. 8 mos. 1 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? X Ray

(Signed) Thos. J. Stevens, M. D.

10/2, 1932 (Address) 2818 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Holy Cross Cem

DATE OF BURIAL Oct 5 1932

20 UNDERTAKER Frank Couch & Son

ADDRESS 1906 Eutaw

Spec.—9 30—A. & Co.—250 Blks

E 83366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83366

CERTIFICATE OF DEATH.

1082

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 922 Mason St. 11-24 (WARD)

2 FULL NAME Boyer Hayden

(a) RESIDENCE NO 922 Mason St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred Life yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Cd	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Georgie Hayden

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER W^m Hayden

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Ruth Servent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Lillie Arnold (Address) 2029 W^d Fulton St.

15 Filed — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 2, 1932.

17

I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1932 to Oct 2 1932.

That I last saw him alive on Oct 2. 1932

and that death occurred, on the date stated above, at 4.20 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (Secondary) No

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pettitaine M. D.

19 (Address) 817 Hamilton Ter

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Oct 5th 1932

20 UNDERTAKER Archibald A. Laddis ADDRESS 1848 W^d Fulton St

M. D. B. 1268-9

83367 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 83367

CERTIFICATE OF DEATH

V 93004

Registered No. .....

(If death occurred in a hospital or institution, give NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 N. Central ave St.) (12-24 Ward)

Length of residence in city or town where death occurred 75 yrs. 9 mos. 21 How long in U. S. If of foreign birth? Life mos. ds.

2. FULL NAME Katherine F. Rupp

(a) Residence: No. 1115 N. Central ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: ~~HUSBAND~~ of (or) WIFE of the late Adam E. Rupp

6. DATE OF BIRTH (month, day, year) Dec. 12 1856

7. AGE: Years 75 | Months 9 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael Fricke

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. John A. Rupp

(Address) 1115 N. Central ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 7 1932

19. UNDERTAKER Henry Hoen & Sons Inc.

(Address) 1301 E. Eager st

20. FILED ..... 1932. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Octo 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1931 to Oct 3 1932

I last saw her alive on Oct 3 1932. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset Sept 20

Other contributory causes of importance:

Arterio Sclerosis and High blood pressure

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? all Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas Zimmerman M. D.

(Address) 2656 Hanford Rd

M. D. B. 1368-9

83368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83368

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 E Monument St., 7-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME M. Elizabeth Morton

(a) Residence: No. 2620 E Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced [illegible] of (or) WIFE of George Morton

6. DATE OF BIRTH (month, day, year) Aug 15 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Carnes

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna Maria Ford

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Thos Baker

(Address) 2620 E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 5th 1932

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-9 , 1932 to 10-2 , 1932

I last saw her alive on 10-1 1932 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	
Other contributory causes of importance: Pulmonary Oedema & Cardiac	7 Dy

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Edward J Cox M. D.

(Address) 413 N Washington

M. D. B. 1268-9

83369

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83369

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 730 S Carlton St., 3-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Mally

(a) Residence: No. 730 S Carlton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT J. Morton Chase

(Address) 608 N. Eden

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct. 6, 32

19. UNDERTAKER Chas. H. Chase & Son

(Address) 608 N. Eden

20. FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 19 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner M. D.

(Address) ...

M. D. R. 1268-9

83370

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 83370

CERTIFICATE OF DEATH

V 95-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2444 Lanvale Ave St. 70-6 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marshall W. Shields

(a) Residence: No. 2444 Lanvale Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed.

5a. If married, widowed or divorced HUSBAND of (or) WIFE Eliza Jane Shields

6. DATE OF BIRTH (month, day, year) June 28-1849.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Druggist.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

FATHER

13. NAME Samuel Sloan Shields

14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

MOTHER

15. MAIDEN NAME Harriett Campbell

16. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

17. INFORMANT Harriett Shields

(Address) 2444 Lanvale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 6 1932

19. UNDERTAKER George A. Little

(Address) 2700 E. Edmondson Ave

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4- 1932

22. I HEREBY CERTIFY, That I attended deceased from October 6 1930 to October 4- 1932

I last saw him alive on October 4- 1932 Death is said to have occurred on the date stated above, at 6:32 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	1926

Other contributory causes of importance:

none

Name of operation none Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson ave,

83371 265189 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83371

CERTIFICATE OF DEATH 13-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 15-21 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ishe Moss

(a) Residence: No. 1830 Larman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-11-1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2 1/2	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Chas Moss

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Hattie Harrison

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemtry Date Oct 5 - 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman st.

20. FILED ..... 19.... W. L. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-2 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept-25 1932 to Oct 2 1932
I last saw her alive on Oct-2 1932 Death is said to have occurred on the date stated above, at 705P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	
Other contributory causes of importance: Pneumonia (broncho)	ditto

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Ann E. Kuttner, M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

83372 E 83372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City / 600 [illegible] 9-46 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Wilson

(a) Residence: No. 2527 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) Nov. 5 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	64	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg

10. Date deceased last worked at this occupation (month and year) 1902

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) Balto. Co. Md.
(State or country)

FATHER

13. NAME William J. Wilson

14. BIRTHPLACE (city or town) Phila. Pa.
(State or country)

MOTHER

15. MAIDEN NAME Eliz Ryan

16. BIRTHPLACE (city or town) Balto Co. Md.
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Oct 5-46 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/3 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/3 1932 to 10/3 1932

I last saw him alive on 10/3 1932 Death is said to have occurred on the date stated above, at 1-25 [illegible]m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	8 mos

Other contributory causes of importance:

Bronchopneumonia	9-30-32

Name of operation Colostomy Date of 9/24/32

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Walter Brune Schaefer M. D.

(Address) Balto City Hospl

83373 **STATE OF MARYLAND—CERTIFICATE OF DEATH** B 83373

V 93-003

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

Village or City ..... No. 10-14 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cerena Young

(a) Residence: No. 413 Sterling St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colord	widowe

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1878

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. House work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C

FATHER

13. NAME Judge Gilliam

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Sallie Bones

16. BIRTHPLACE (city or town) (State or country) S. C

17. INFORMANT Carrie Scofield

(Address) 411 Sterling St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenville S.C. Date Oct 5 ,19 32

19. UNDERTAKER Edw. Bryan

(Address) 1631 Orleans St

20. FILED ..... ,19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 10 (Month) – 1 (Day) – ,193 2 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 ,1932 to Sept 29 ,1932

I last saw her alive on Sept 29 ,1932; death is said to have occurred on the date stated above, at 11:45 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Acute Bronchial Pneumonia	
Other **Contributory Causes** of importance:	
chronic colitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... ,19 .....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) G. H. Hornstein M. D.

(Address) 733 Augusta St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

E-83374

E 83374

82-004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1712 W. Lanvale ST. 16-22 WARD)

2-FULL NAME Richard Bell

(a) RESIDENCE NO. 1712 W. Lanvale ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Bell

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	58			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer
(c) Name of employer T. B. Getz

9 BIRTHPLACE (city or town) (State or country) Howard County Md.

PARENTS
10 NAME OF FATHER Jerry Bell
11 BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co. Md.
12 MAIDEN NAME OF MOTHER Don't Know.
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co. Md.

14 Informant (Address) Mrs. I. Davis 1712 W. Lanvale St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/3 1932

17 I HEREBY CERTIFY, That I attended deceased from 9/29, 1932, to Oct. 3, 1932, that I last saw him alive on Oct. 3, 1932, and that death occurred, on the date stated above, at 1 9. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis?

(Signed) C. H. Pitts M. D.
10/4, 1932 (Address) 1536 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary cemetery

DATE OF BURIAL 10-6 1932

20 UNDERTAKER Mrs. Ida B. Snowden

ADDRESS 1320 E. Madison St

Spec. 7-17-26—A Co.—200 Bks.

83375

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83375

V 23

CERTIFICATE OF DEATH

REGISTERED NO. 13-59

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hospital St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harlem Woodward

(a) RESIDENCE NO. 2442 Woodbrook Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
F	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10 1912

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min..
	20	2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Washington D.C.

(State or country)

PARENTS

10 NAME OF FATHER Adolphus Woodward

11 BIRTHPLACE OF FATHER (City or town) Washington D.C.

(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown.

(State or country)

14 Informant (Address) Provident Hospt.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1932

17 I HEREBY CERTIFY, That I attended deceased from 8-30 1932, to 10-4 1932,

that I last saw h.e alive on 10-4 1932,

and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows: Interstitial Pneumonia

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (Secondary) Pleurisy with effusion

(duration) ..... yrs. 1 mos. ..... ds.

18 Where was disease contracted

If not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. Farris M. D.

10-4. 1932 (Address) Provident Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery Date of Burial Oct 7, 1932

20 UNDERTAKER Mrs. Ida B. Swanston ADDRESS 1720 E. Madison

IF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

83376

HEALTH DEPARTMENT—CITY OF BALTIMORE 83376

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1337 Bunt St. 17-24 (Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frank Gant

(a) Residence: No. 1337 Bunt St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Jane Gant

6. DATE OF BIRTH (month, day, year) — 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md.

FATHER

13. NAME — Elias Gant

14. BIRTHPLACE (city or town) (State or country) — Md.

MOTHER

15. MAIDEN NAME — Mary Riggs

16. BIRTHPLACE (city or town) (State or country) — Md.

17. INFORMANT — Jane Gant
(Address) 1337 Bunt st.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Oct 5, 1932

19. UNDERTAKER — Waldeck Bernard
(Address) 1720 E. Madison st.

20. FILED ..... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1932 to Oct 2, 1932

I last saw him alive on Oct 1, 1932 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Nephritis	
Other contributory causes of importance:	

Name of operation Cystoscopy Date of ... Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harold E. Hamer M. D.

(Address) 616 Lexington

M. D. 8. 1268-9

E 83377 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83377

CERTIFICATE OF DEATH

59V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-13 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth 25 yrs. mos. da.

2. FULL NAME Moses Rosenstein

(a) Residence: No. Sinai Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M. Rosenstein

6. DATE OF BIRTH (month, day, year) Sept. 25, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nelson Rosenstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. M. Rosenstein

(Address) Sinai Home

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Meb. Date Oct. 6 1932

19. UNDERTAKER David Sonnenstein & Son

(Address) 1202 Eutaw Place.

20. FILED Oct. 7 1932 G K C Registrar.

OCCUPATION IS very important. See instructions on back of Certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1932 to Oct. 4 1932

Last saw h. alive on Oct 4 1932 Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis 6 hours Duration	Oct 4, 1932
Other contributory causes of importance:	
Arterio Sclerosis	?
Diabetes Mellitus	10 yrs.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alexander Robert Colvin M. D.

(Address) Sinai Hospital

1-20—M. & T.—100 B—50L

E 83378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

E 83378

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 136 N. West St. ST. 23-31 WARD)

2-FULL NAME Jeanette Hampton. (C)

(a) RESIDENCE NO 132 N. West St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. ---mos.---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a If ~~married, widowed, or divorced~~
~~HUSBAND OF~~
(or) WIFE of Henry Hampton. (C)

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Guy Washington. (C) cousin.

(Address) 132 N. West St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 1, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilotation of the heart.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D.
10/3/32 (Address) 1017 E. Charles St. Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemtery

DATE OF BURIAL 10/5 1932

20 UNDERTAKER Walter B. Spriggs

ADDRESS 1390 W Hamburg St

TION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 83379

83379

CERTIFICATE OF DEATH

93-004

REGISTERED NO. 23-32

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1642 S.Charles St. ST. (.....) WARD (.....)

2-FULL NAME George Trauty.

(a) RESIDENCE NO. 1642 S.Charles St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Trauty.

6 DATE OF BIRTH (month, day, and year): October 8, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	79	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Candy salesman.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: George Trauty

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Do not know.

14 Informant: La Vina Chaires. (daughter)
(Address): 2751 Tivoly Ave.

15 Filed ..... 192 ..... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 2, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency.
Acute dilatation of the heart.
(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

10/5/32 19 (Address) 1017 W. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Oct 5 1932

20 UNDERTAKER: H. Sander Sons Inc — ADDRESS: 1710 Eutaw St

TION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

83380 dft P

46 B 83380

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 Albemarle St. ST. 3-5 WARD)

2-FULL NAME Rudolph C. Quandt.

(a) RESIDENCE NO. 403 Albemarle St. ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? 61 yrs. ---mos.--- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of Clara E. Quandt,

6 DATE OF BIRTH (month, day, and year) May 31, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	4	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Police officer

(b) General nature of industry, business, or establishment in which employed (or employer) 061

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Karl Quandt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Augusta. Begeski.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Clara Trombetta. (daughter)
(Address) 403 Albemarle St.

15 Filed OCT 5 1932 H. Finster Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 2, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1931, to October 2nd, 1932, that I last saw h im alive on October 2nd., 1932, and that death occurred, on the date stated above, at 8.35 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the intestines.

(duration) 1 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) ..... yrs. ..... mos. 8 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No: Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Diagnosis.

(Signed) Alo M. Reinhardt, M. D.

10/8/32 (Address) 1017 S. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL Oct 5 1932

20 UNDERTAKER Margaret L. Flynn

ADDRESS 1422 Light

M. D. B. 1265-9

83381 HEALTH DEPARTMENT—CITY OF BALTIMORE 83381

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2807 Fleetwood ave St., 29 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie C. Murphy
(a) Residence: No. 2807 Fleetwood Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George J. Murphy
6. DATE OF BIRTH (month, day, year): Sept 2, 1880
7. AGE: Years 52; Months 1; Days 2; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER
13. NAME: Charles C. Gontrum
14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER
15. MAIDEN NAME: Mollie F. Lydings
16. BIRTHPLACE (City or town) (State or country): England Balto Md

17. INFORMANT (Address): Marie Murphy 2807 Fleetwood ave.
18. BURIAL, CREMATION, OR REMOVAL: Place Parkwood Cem. Date oct. 6, 32
19. UNDERTAKER (Address): Margaret G. Flynn 422 Light St
20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 4, 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932 to Oct 4, 1932
I last saw her alive on Oct 4, 1932 Death is said to have occurred on the date stated above, at 1240 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Uterus)	—

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) C. Mitchell, M. D.
(Address) 1279 William

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83382 E 83382

HEALTH DEPARTMENT—CITY OF BALTIMORE

66-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Josephs Hosp. Registered No. 27453

CITY OF BALTIMORE: (No. ..... St., ... Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Johnson

(a) Residence: No. 508 Woodlawn Rd St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24 - 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Emma Johnson

14. BIRTHPLACE (city or town) (State or country) Ford

MOTHER

15. MAIDEN NAME Frances Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Benjamin Johnson
(Address) 725 Woodbourne St

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Hill Cem Date Oct 6 1932

19. UNDERTAKER Geo R. A. Gibson
(Address) 1733 Harlem Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1932 to Oct. 4 1932

I last saw her alive on Oct. 4 1932 Death is said to have occurred on the date stated above, at 4:05 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis with auricular fibrillation & partial heart block	
Cerebral hemorrhage	4 per for

Other contributory causes of importance:
Colloid goitre

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) R. J. Young M. D.

(Address) 44 Hatherford Rd

V. D. R. 68-9

83383

HEALTH DEPARTMENT—CITY OF BALTIMORE

83383

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 Kenway St. 27-46 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Ernest Gibson

(a) Residence: No. 300 Kenway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Johnston Gibson

6. DATE OF BIRTH (month, day, year) April 17, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 3, 1932

11. Total time (years) spent in this occupation. 40 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Frederick Gibson

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Kate Middleton Semmes

16. BIRTHPLACE (city or town) Cumberland (State or country) Maryland

17. INFORMANT Wm A. Fisher

(Address) 715 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Oct 6, 1932

19. UNDERTAKER Lenny W. Jenkins Sons

(Address) McCulloh & Eichenlaub

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10:20 AM-10/4 1932 to 10:10 PM 10/4 1932

I last saw him alive on 10/4 1932 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilation of heart	10/4/32
Other contributory causes of importance:	
Myocardial weakness	1927

Name of operation None Date of ~

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ~, 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. E. Ostheimer M. D.

(Address) 1403 Park Ave

Spec.—1-30—M. & T.—250 Bks.

E 83384

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83384

93-004

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 N. Highland Ave ST., 26-11 WARD)

2-FULL NAME Urbanna E. McCurdy

(a) RESIDENCE NO. 101 N. Highland Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Millard F McCurdy

6 DATE OF BIRTH (month, day, and year) Sept 3 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	54	1	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 037

(b) General nature of Industry, business, or establishment in which employed (or employer) Housewife

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Co

PARENTS

10 NAME OF FATHER Henry Neff

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Millard F McCurdy
(Address) 101 Highland Ave Balto

15 Filed. _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 3 /32

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1931 to Oct 3 1932.

that I last saw her alive on Oct 3, 1932,

and that death occurred, on the date stated above, at 11,35 a.m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) _____ yrs. _____ mos 1 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis & Hypertension (duration) 2 yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Edd Zimmerman M. D.

9/4, 1932 (Address) 2858 Harford Rd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem. DATE OF BURIAL Sept 6 1932

20 UNDERTAKER J F Cline + Sons ADDRESS Res Funeral Home

V. H. B. 1-68

E 83385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83385

CERTIFICATE OF DEATH

265-43

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Christensen

(a) Residence: No. 461 W. 2nd St., Ward. Erie - Pa. -
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Penn -
(State or country)

FATHER

13. NAME Niels Christensen
14. BIRTHPLACE (city or town) Denmark
(State or country)

MOTHER

15. MAIDEN NAME Marian Petersen
16. BIRTHPLACE (city or town) Denmark
(State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL
Place Erie Pa. Date 10.10.32 19

19. UNDERTAKER Joseph Abrens
(Address) 622 Broadway

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct - 2, 1932, to Oct 5th, 1932

I last saw her alive on Oct - 5th, 1932. Death is said to have occurred on the date stated above, at 5-45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, glioma malignant	July 1932
Other contributory causes of importance:	
operate	10 4 32

Name of operation Cerebellar operation Date of 10.4

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M B Woodlock M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

E 83386

83386 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83386

92-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hutzler Memorial Hospital St. (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Colpe.

(a) Residence: No. 3618 Elm Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L.

6. DATE OF BIRTH (month, day, year) Dec. 11, 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John F. Colpe

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Kirkwood

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Laura L. Colpe

(Address) 3618 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL Middletown, Balto Co Date Oct 7, 1932

19. UNDERTAKER Chenowith & Lay

(Address) 3615-17 Elmhurst Ave

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/4, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John F. Norman Coroner, M. D.

(Address) 3632 Roland Ave

M. D. B. 1268-9

E 83387

83387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Good Samaritan Hospital St., 14-20 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Gregory

(a) Residence: No. 416 Robert St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Wm Gregory

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Horace Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Hess

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Brown Jr
(Address) 416 Robert St

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Oct 5 1932

19. UNDERTAKER Samuel Hemelright
(Address) 178 N Eden St

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25 1932 to Oct 3 1932

I last saw h.. alive on Oct 3 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Sept 25th
Other contributory causes of importance: Hypertension	?

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Mason Williams M. D.

(Address) 1130 Madison Ave

M. D. B. 1268-9

83388 E 83388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH: Baltimore City Hospital

CITY OF BALTIMORE: (No.) Baltimore Md St. 12-19 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Maggie Wilson

(a) Residence: No. 533 Barclay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Wilson

6. DATE OF BIRTH (month, day, year): 1882 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Petersburg, Va.

FATHER

13. NAME: Julius Hill

14. BIRTHPLACE (city or town) (State or country): Petersburg, Va.

MOTHER

15. MAIDEN NAME: Virginia Hill

16. BIRTHPLACE (city or town) (State or country): Petersburg, Va

17. INFORMANT: Record Balti city Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem Oct 5 32

Date

19. UNDERTAKER: Samuel Hemsley 1538 Mc Cul

(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-2-32

22. I HEREBY CERTIFY, That I attended deceased from 9-30-1932 to 10-2-1932

I last saw h[illegible] alive on 10-2-1932 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	7-1-32
Other contributory causes of importance: Uremia. Pericarditis	7-1-32

Name of operation: None Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10-2-32 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

AdCo. 5-11 2'08

83389 HEALTH DEPARTMENT—CITY OF BALTIMORE 83389

CERTIFICATE OF DEATH

92-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10-14 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Mitchell

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 11-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Md.

FATHER

13. NAME William Mitchell

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sarah King

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Little Sisters of the Poor
(Address) 1201 Valley St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Cathedral Date Oct. 6. 1932

19. UNDERTAKER Rita Riedefeld
(Address) 714 Cranmer Ave

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1931 to Oct 3 1932

I last saw him alive on Oct 2 1932 death is said to have occurred on the date stated above, at 9[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Arteriosclerosis	?

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. [illegible] Gardner M. D.

(Address) 1114 Hargrove

83390

HEALTH DEPARTMENT—CITY OF BALTIMORE

83390

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1016 E. Chase St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Walsh

(a) Residence: No. 1016 E. Chase St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Matthew Walsh

6. DATE OF BIRTH (month, day, year) Dec 10 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael McStaughn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nellie Quinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Perry

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Oct 7, 1932

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1932 to Oct 4 1932

I last saw her alive on Oct 3 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	2 y
Other contributory causes of importance: Hemiplegia (right side)	5 ds.
Arteriosclerosis	2 y

Name of operation ... Date of ... No

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L McCarthy M. D.

(Address) 1117 Harford Ave

Spec.—1-30—M. & T.—250 Bks

E 83391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83391

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 S Curley ST., 1-2 WARD)

2-FULL NAME Child after 5 minutes 1-2

(a) RESIDENCE NO. 29 S Curley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Infant

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) Oct 5 32

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			5 minutes	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md
(State or country)

PARENTS

10 NAME OF FATHER George J Ruthrauff

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Penna

12 MAIDEN NAME OF MOTHER Theresa Hoover

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country)

14 Informant Theresa Hoover
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 32

17

I HEREBY CERTIFY, That I attended deceased from Oct 5, 1932 to 5 mins, 19 ..., that I last saw h/N alive on Oct 5, 1932 and that death occurred, on the date stated above, at 4.05 A m.

The CAUSE OF DEATH* was as follows:

Atelectasis
Hydrocephalus

(duration) ..... yrs. ..... mos ..... da.

CONTRIBUTORY
(Secondary) .....
(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) I J Reese, M. D.

Oct 5, 1932 (Address) 100 N Linwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cem Oct 5 19 32

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

M. D. B. 1268-9

Reis ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

83392

CERTIFICATE OF DEATH

46 E 83392

Registered No.

1. PLACE OF DEATH Balto City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Reis 20-69

(a) Residence: No. 2201 Christian St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Dec 1 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. woodworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 614

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Reis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cathrin Krissler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 10/7 1932

19. UNDERTAKER Wm Lorz

(Address) 1212 E Lombard St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-32

22. I HEREBY CERTIFY, That I attended deceased from 9-28 1932 to 10-4 1932

I last saw him alive on 10-4 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	?

Other contributory causes of importance:

Bronchopneumonia	10/1/32

Name of operation Colostomy Date of 9/30/32

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) Milligan Boyce Murphy M. D.

(Address) Balto City Hosps

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83393 | 85393

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 17-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Katherine Moreland

(a) Residence: No. Bowleys Quarters St. Md Ward. Bowleys Quarters, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eugene M Moreland

6. DATE OF BIRTH (month, day, year) July 23 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert A Tingle

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ida L Miller

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mildred M Towers

(Address) 2817 Brighton St

18. BURIAL, CREMATION, OR REMOVAL

Place Rumsey Mt Date 10/7 1932

19. UNDERTAKER Wm Gott

(Address) 1214 E Fort Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 25th 1932, 19 to Oct 4th 1932

I last saw her alive on Oct 4th 1932. Death is said to have occurred on the date stated above, at 5 10/12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pagets Disease of Left Breast	1927
Carcinoma of left ovary	1931
Other contributory causes of importance: Troubled urine	Feb 1932

Name of operation Exploratory Laparotomy Date of 9-26-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Edred Roberts M. D.

(Address) Franklin Sq Hospital

M. D. H. 1268-9

E 83394

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83394

CERTIFICATE OF DEATH

93-004

Registered No. 1-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 S. Chester St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip T. Sinclair

(a) Residence: No. 13 S. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Sinclair

6. DATE OF BIRTH (month, day, year) Mch. 30, 1859,

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Perry Sinclair

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary A. Sherwood

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mary A. Sinclair
(Address) 13 S. Chester st.

18. BURIAL, CREMATION, OR REMOVAL.
Place Parkwood Cem. Date Oct. 7, 1932

19. UNDERTAKER Wm. G. Black
(Address) 722 N. Broadway

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1930. to Oct. 5, 1932

I last saw h[illegible] alive on Oct. 4, 1932 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Insuff.	?
Cortico-Sclerosis	?
Other contributory causes of importance:	
Cardiac decompensation	3 mo

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Mary Fenger M. D.

(Address) 700 E. Fayette

M. D. B. 12689

HEALTH DEPARTMENT—CITY OF BALTIMORE

83395

CERTIFICATE OF DEATH

154

E 83395

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Sherwood Ave St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Litz

(a) Residence: No. 1918 Sherwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 5/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 1/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph J. Litz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emma Moser

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Joseph J. Litz
(Address) 1918 Sherwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date 10-6 1932

19. UNDERTAKER Leonard J. Rust
(Address) 2005 Sanford St

20. FILED 10-6 1932 R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5/32. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 2 m

The principal cause of death and related causes of importance were as follows:

Prematurity (Twin) — Date of onset

7-8 mons gestation

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Crim Coroner. M. D.

(Address) 508 E Fayette

M. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83396

CERTIFICATE OF DEATH

159

E 83396

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Sherwood Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Litz

(a) Residence: No. 1918 Sherwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 3/32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			-1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Joseph J. Litz

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Emma Moser

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Joseph J. Litz
(Address) 1918 Sherwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 10-6, 1932

19. UNDERTAKER Leonard J. Fleckenstein
(Address) 5305 Harford Rd

20. FILED [illegible], 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4/32

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (Twin)	
7-8 mons gestation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Litz M. D.

(Address) 508 E Monument Coroner

M. D. B. 1268-9

83397 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95 E 83397

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 W. Lanvale St. St., Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John S. Reese

(a) Residence: No. 125 W. Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

11-24

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Caldwell

6. DATE OF BIRTH (month, day, year) Jany 1. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Constructing Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John S. Reese

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Arnoldina Focke

16. BIRTHPLACE (city or town) (State or country) Balto Co.

17. INFORMANT Virginia Lee Reese
(Address) 125 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Oct. 6. 32

19. UNDERTAKER John O. Mitchell & Bro
Address 1400 Eutaw Place

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10. 4. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2nd 1932 to Oct. 4th 1932

I last saw him alive on Oct. 4th 1932 Death is said to have occurred on the date stated above, at 10.05 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis —
In Course of advanced —
Cardio Vascular disease of
Many Years Standing

Date of onset 10-2-32

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) 1515 Park Ave. M. D.

(Address) Balto Md.

OCCUPATION IS VERY Important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83398

CERTIFICATE OF DEATH

E 83398

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Knight

(a) Residence: No. 1611 Green St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lillie Knight

6. DATE OF BIRTH (month, day, year) Unk

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58		11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) Unk

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frank Knight

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Horn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother Mrs. Lillie Knight 1611 Green St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct 7 1932

19. UNDERTAKER Wm J. Tickner & Sons
(Address) 1400 Madison Ave

20. FILED Oct 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) . M. D. Coroner

(Address) 1305 Cathedral St

M. D. B. 1268-9

E 83399 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83399

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1217 N. 40th St. (or Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edmund Burke Moore

(a) Residence: No. 1217 N. 40th St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Annie E. Moore

6. DATE OF BIRTH (month, day, year): Jan. 18-1846

7. AGE: Years 84 | Months 8 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna. Railroad

10. Date deceased last worked at this occupation (month and year): Retired 15 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Joel J. Moore
(Address) 1221 Cecil Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Oct. 7- 1932

19. UNDERTAKER: Horace K. Burgee
(Address) 3631 Falls Road

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 4- 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7 32 to Oct 4 32 1932

I last saw him alive on Oct 4 32 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia	Sep 2 days
Other contributory causes of importance: Arterio Sclerosis & Chronic Nephritis	Indef

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If suicide, ...

(Signed) ... M. D.

(Address) 112 W. 25th St

M. D. B. 1268-a

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83400

E 83400

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hosp. St., 16 Ward) 23

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME West Jackson

(a) Residence: No. 110 Monroe St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years 45 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co Pa

FATHER

13. NAME West Jackson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Carl Jackson

(Address) 110 Biddle

18. BURIAL, CREMATION, OR REMOVAL Place Lancaster Pa Date Oct 7th 1932

19. UNDERTAKER Jas. W. Skinner

(Address) 1625 E. Mad St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2nd 1932

I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	2 mos

Other contributory causes of importance:

Name of operation Regular Date of ..... Was there an autopsy?

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Funk Coroner, M. D.

(Address) Edgewood

E 83401

M. D. P. 1284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83401

CERTIFICATE OF DEATH

131

Registered No. 27-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3011 Northway Drive St., 27 Ward 43

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia R. Baughman

(a) Residence: No. 3011 Northway Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Singlr. Married, Widowrd. or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Baughman

6. DATE OF BIRTH (month, day, year) Feb. 22, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. M. Gilmeyer

14. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

MOTHER

15. MAIDEN NAME Rebecca S. Bringer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Emmet Reitemeyer

(Address) 3011 Northway Drive

18. BURIAL, CREMATION, OR REMOVAL Place London Park Am Date Oct 7 1932

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from April 10 1932 to Oct 4 1932

I last saw h[illegible] alive on Oct. 3 1932 Death is said to have occurred on the date stated above, at 2.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1926
Myocarditis	1928
Other contributory causes of importance:	
Oedema of Lungs	1932

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None 19...

Where did injury occur? No injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No injury

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Edward L. Smith M. D.

(Address) 920 St. Paul St.

M. D. H. 1268-9

E 83402

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83402

CERTIFICATE OF DEATH

* 122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Carey

(a) Residence: No. Leonardtown, St. Marys Co. Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Carey 2

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md 2

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) St. Marys Co - Md

MOTHER

15. MAIDEN NAME Thomas

16. BIRTHPLACE (city or town) (State or country) St Marys Co., Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Aloysius Date 10/7 ..., 1932

19. UNDERTAKER Wm. C Mattingly
(Address) Funeral Director Baltimore

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5 ..., 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/2 ..., 1932, to 10/5 ..., 1932

I last saw her alive on 10/5 ..., 1932 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Inguinal hernia (right)	7 days
Other contributory causes of importance: Lobar pneumonia	3 days

Name of operation Release of strangulation + Enterostomy Date of 10/2/32

What test confirmed diagnosis? Question? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H H Gardner, M. D.

(Address) Mercy Hospital

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 83403

B 83403

CERTIFICATE OF DEATH

91-001

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham or Albert Tucker

(a) Residence: No. 1524 N. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 24, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Argentine

FATHER

13. NAME Jacob Tucker

14. BIRTHPLACE (city or town) (State or country) Argentine

MOTHER

15. MAIDEN NAME Hope Hoffbergh

16. BIRTHPLACE (city or town) (State or country) Argentine

17. INFORMANT ~~Hospital~~ Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 10-6 1932

19. UNDERTAKER Jack Levin Jr

(Address) 1439 E Balto St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 1932 to Oct. 5 1932

I last saw him alive on Oct. 5 1932 Death is said to have occurred on the date stated above, at 10 12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic cardio Vascular Disease	?
Sub acute bacterial Endocarditis	8 mos.

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Arthur G. Siwinski M. D.

(Address) Mercy Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

83404 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 83404

CERTIFICATE OF DEATH

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 N. Sterling St. 10-14 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Hudson

(a) Residence: No. 1018 N. Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Hudson

6. DATE OF BIRTH (month, day, year) [illegible] 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Louis Bland

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT William Hudson
(Address) 1018 N. Sterling St

18. BURIAL, CREMATION, OR REMOVAL
Place Blackstone Va Date Oct 8, 1932

19. UNDERTAKER Mrs. Ida B. Snowden
(Address) 1720 E. Madison st

20. FILED [illegible], 19[illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5/32 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19, to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at 5.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Endocarditis 3 mons	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Franklin

L 83405 — Spec... Co—250 Bks

E 83405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2419 (ST.) Maryland Ave (WARD) 17-51

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice McClure Garratt

(a) RESIDENCE NO. 2419 Maryland Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 57 yrs mos ds. How long in U. S., if of foreign birth? yrs mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 Single, ~~Married~~, Widowed, or Divorced, (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Garratt

6 DATE OF BIRTH (month, day, and year) Dec 15-1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	9	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Marietta Penna

PARENTS

10 NAME OF FATHER John McClure

11 BIRTHPLACE OF FATHER (city or town) (State or country) Marietta Penna

12 MAIDEN NAME OF MOTHER Elizabeth Giffin

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Mrs. George H. Garratt
(Address) 2419 Maryland Ave

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 4 1932

17

I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1931, to October 4, 1932

that I last saw her alive on October 3, 1932

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Carcinoma of stomach

(duration) yrs 16 mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Roger Mc Cole M. D.

10/6, 1932 (Address) 2435 Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. | DATE OF BURIAL: Oct 6 1932

20 UNDERTAKER: J. Ertland Fox | ADDRESS: 2224 N. Charles St.

TION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

E 83406

E 83406 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 207 Ausquith St. 5-8 (WARD)

2 FULL NAME Mrs Linda Burley

(a) RESIDENCE NO. 207 Ausquith ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Jacob Burley

6 DATE OF BIRTH (month, day, and year): Aug - 10 - 1843

7 AGE: Years 89 | Months 1 | Days 22 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (state or country): West River Md

PARENTS
10 NAME OF FATHER: John N. Thomas
11 BIRTHPLACE OF FATHER (city or town) (State or country): Md
12 MAIDEN NAME OF MOTHER: Harriett Mills
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Georgeanna Brown
(Address): 1916 Druid Hill Ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-2-32

17 I HEREBY CERTIFY, That I attended deceased from 9-2-, 1932, to 10-2-, 1932
That I last saw her alive on 10-2-, 1932
and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) —
(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? no Date of —
Was there an autopsy? no
What test confirmed diagnosis? —

(Signed) Jno Coogan M. D.
10-3-1932 (Address) 611-N. Caroline

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

DATE OF BURIAL, CREMATION OR REMOVAL: Oct 6 1932
UNDERTAKER: Samuel Hemsley
ADDRESS: 1138 N Bradd

TION IS very important. See instructions on back of certificate.

M. D. B. 1265-9

E 83407 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83407

Vaughan

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital St. 27-56 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edgar Vaughan

(a) Residence: No. 3065 Spalding ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Bertha B. Vaughan

6. DATE OF BIRTH (month, day, year) April 16-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Joshua Vaughan
14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Sarah Wilson
16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Bertha B. Vaughan
(Address) 3065 Spaulding Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Oct 7. 1932

19. UNDERTAKER Josiah Lyter
(Address) 1610 E North Ave

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4-, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 3rd, 1932 to October 4th, 1932
I last saw him alive on Oct. 4th, 1932. Death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Myocarditis	

Other contributory causes of importance:

Cerebral Hemorrhage	10/2/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) K. F. Young, M. D.
(Address) St. Josephs Hospital

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 83408

E 83408

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1006 Sarahsan ST. 18-12 (WARD)

2—FULL NAME Samuel T. Hawkins

(a) RESIDENCE NO. 1006, Sarahsan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 20th 1890

7 AGE: Years 42 | Months 10 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer.

(b) General nature of industry, business, or establishment in which employed (or employer): Common Labor

(c) Name of employer: Not Employed.

9 BIRTHPLACE (city or town) (State or country): Relay Md

PARENTS

10 NAME OF FATHER: Watkins Deal.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Rebecca Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Relay Md.

14 Informant: Father Rebecca Hawkins

(Address): 1004 W. Lexington

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/4/32

17 I HEREBY CERTIFY, That I attended deceased from 6/0 ..... 19 32 to Oct 4th 19 32

that I last saw h. alive on Oct. 4th 1932

and that death occurred, on the date stated above, at 6.05 P. m.

The CAUSE OF DEATH* was as follows:

a Interstitial Nephritis

b Acute Endocarditis

(duration) ..... yrs. 4 mos. 29 ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) ..... yrs. 4 mos. 29 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Clinical Test

(Signed) H. T. Dunn, M. D.

19 (Address) 522 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

20 UNDERTAKER: Mrs Katie R. Williams

DATE OF BURIAL: Oct. 7, 1932

ADDRESS 322 Y Schroeder St

A-Co. 5-31 250B

83409 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83409

CERTIFICATE OF DEATH

23V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-63 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 6 mos. ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Troy (Mother Mary agnes)

(a) Residence: No. Mt Hope Retreat St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) Dec 2. 1867

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	64	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mobile Ala

MOTHER

13. NAME Bridget Smith

14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mt Hope Records Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Shawan Hill Pa Date Oct 6 1932

19. UNDERTAKER Harry Kemble
(Address) 220 York Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1924 to Oct 6 1932

I last saw h. alive on Oct 5 1932 death is said to have occurred on the date stated above, at 8.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (Advanced Type)	?

Other contributory causes of importance:

Tuberculosis Laryngitis

Name of operation None Date of ... to

What test confirmed diagnosis? Phy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased No If so, specify ...

(Signed) Willis P Hill M. D.

(Address) Mt Hope Retreat

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83410

E 83410

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 738 W. Hamburg St. 21-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A. Brimmer

(a) Residence: No. 738 W. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary C. Brimmer

6. DATE OF BIRTH (month, day, year) July 19. 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Maker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John J. Brimmer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Knight

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mary C. Brimmer
(Address) 738 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Oct 7. 1937

19. UNDERTAKER Mr. Mrs. John N. Teufel & Son
(Address) 801 W. Lafayette St.

20. FILED ... 19.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1. 1937 to Oct 4. 1937

I last saw him alive on Oct 4 1937 Death is said to have occurred on the date stated above, at 3.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia 10 Days	

Other contributory causes of importance: Senile arteriosclerosis Bilateral Tuberculosis

Name of operation none Date of

What test confirmed diagnosis? ~~Clinical~~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Dan'l Francis M. D.

(Address) 122 W Lee St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 83411

83411 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X √ 108

1. PLACE OF DEATH St. Josephs Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-17 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Paddy

(a) Residence: No. 4 Hill Top Rd. St., Brooklyn, P.K. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth H. Wallace

6. DATE OF BIRTH (month, day, year) June 25-1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) do

11. Total time (years) spent in this occupation do

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME Thomas Paddy

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Mrs. Paddy
(Address) 4 Hill Top Rd. Brook

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn. Date 10/7 1932

19. UNDERTAKER J. Frew McCully
(Address) 130 E Fay.

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932 to Oct. 4, 1932

that I saw him alive on Oct. 1 1932. Death is said to have occurred on the date stated above, at 8:10 P.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Sept 28 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R. F. Young, M. D.

(Address) St. Josephs Hosp.

M. P. B. 1268-9

83412 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83412

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S. Robinson St. 1-2 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Giuseppe or Joseph Varalla

(a) Residence: No. 217 S Robinson St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Rose Varalla

6. DATE OF BIRTH (month, day, year) April 5 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Frank Varalla

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Christina Yenni

(Address) 217 S Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date Oct 8 ... 1932

19. UNDERTAKER Martin W. Lichtenberg Inc

(Address) 37 S Eutaw St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~September~~ October 2 1932 to October 4 1932

I last saw h— alive on October 4 1932 Death is said to have occurred on the date stated above, at 3 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	4 dy

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Jos. L. Valentine, M. D.

(Address) 17 S. Eutaw St

OCCUPATION IS VERY important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

AaCo. 5-31 250B

E 8341[illegible] HEALTH DEPARTMENT—CITY OF BALTIMORE E 83413

CERTIFICATE OF DEATH

√34

1. PLACE OF DEATH West Balto Gen. Hospital

CITY OF BALTIMORE: (No. Gilford + Ruxton St. 7-1[illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Lebowitz

(a) Residence: No. 402 N. Pine St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Lebowitz

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor Op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nathan Lebowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jude —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Lebowitz
(Address) 3340 Custer Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 10-6- 19 32

19. UNDERTAKER Ice Levine Inc
(Address) 1439 E. Baltimore St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-6-, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1932 to 10-6, 1932

I last saw h[illegible] alive on 10-5, 1932 death is said to have occurred on the date stated above, at 7[illegible]40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal failure	
Pneumonia, bronchial	
Other contributory causes of importance:	
Syphilis	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Philip F. Lesser, M. D.

(Address) West Baltimore General Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 83414

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83414

93-003

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #2326 E. Fayette St. 1-10 ST., ... WARD)

2-FULL NAME Bertha H. Fosler

(a) RESIDENCE NO #2326 E. Fayette St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. J. Fosler

6 DATE OF BIRTH (month, day, and year) Dec. 13th. 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63 64	64	9	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework 037
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City,

PARENTS

10 NAME OF FATHER John C. Brunner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Helen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Wm. J. Fosler

(Address) #2326 E. Fayette St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Chr Myocarditis

(duration) ? yrs. ? mos ? ds.

CONTRIBUTORY (Secondary) Probably Senile Changes

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no (Physician- death History given by

What test confirmed diagnosis? .....

(Signed) ..... M. D. Coroner

Oct. 6/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL Oct. 8th 1932

ADDRESS 2016 Orleans St

20 UNDERTAKER Philip Herring

TION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 83415 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83415

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 35-7 Ward) Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Bentz

(a) Residence: No. 21 Ambrook Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 10-5-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3 hrs old			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Arthur G. Bentz

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Myrtle Lillian Renner

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr Arthur George Bentz
(Address) 21 Ambrook Rd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/6/32 19

19. UNDERTAKER George Riley & Son
(Address) 5503 Edmondson Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/5/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10-5-32, 19... to 10/5, 19...

I last saw h... alive on 10-5, 1932. Death is said to have occurred on the date stated above, at 9.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 16 mos old died respiratory failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. Alfred Vardaman M. D.

(Address) St. Agnes Hos

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83416 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83416

CERTIFICATE OF DEATH

164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Woodbrook St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna L. Johnson

(a) Residence: No. 2809 Woodbrook St., 23 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Johnson

6. DATE OF BIRTH (month, day, year) Jany 3/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allenwood Pa.

FATHER

13. NAME Jacob M Kolb

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Kulins

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Albert Leroy Johnson (Address) 2809 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Oct 7 . 19

19. UNDERTAKER Henry J. Thuesen & Son (Address) 42 E. Preston Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gas (Poison) (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno. Hoffman M. D.
Coroner

(Address) 311 E. Lexington

M. D. H. 1268-9

E 83417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83417

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 North Ray St., 8-16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Oscar Auer

(a) Residence: No. 1736 North Ray St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 6 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or 16 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 1736 North Ray St. Baltimore Md.

FATHER

13. NAME Oscar Charles Auer
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emma May Magness
16. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

17. INFORMANT Chas Auer
(Address) 1736 N Ray St

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Date Oct 7th 1932

19. UNDERTAKER John Ulrich
(Address) 2008 Aliceanna

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1932 to Oct 6 1932

I last saw h[illegible] alive on Oct 6 1932 Death is said to have occurred on the date stated above, at 11:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance: Respiratory failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John J. Emory M. D.
(Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83418

CERTIFICATE OF DEATH

36 E 83418

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital 16-26 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Chas. Singleton

(a)-RESIDENCE NO. 837 Edmondson Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 Color or Race: Bl

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Singleton

6 DATE OF BIRTH (month, day, and year): July 1886

7 AGE: Years 46 Months 3 Days

IF LESS than 1 day ..... hrs. or ..... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town)

(State or country): S. C.

PARENTS

10 NAME OF FATHER: Chas Singleton

11 BIRTHPLACE OF FATHER (City or town)

(State or country): S. C.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Unknown

14 Informant

(Address): 837 Edmondson Ave

15 Filed ..... 19 .....

Registrar

T. P. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 4 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 29, 1932, to Oct 4, 1932

that I last saw him alive on Oct 4, 1932,

and that death occurred, on the date stated above, at 10 01 P. m.

The CAUSE OF DEATH* was as follows:

Streptococcus Septicemia

(duration) ..... yrs. ..... mos. 12 ds.

CONTRIBUTORY (Secondary): Cellulitis of Forearm

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? yes Date of 10/1/32

Was there an autopsy? yes

What test confirmed diagnosis? Clinical autopsy

(Signed) B Harris M. D.

Oct 4 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary — Date of Burial: 10/8/1932

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-12-23—M&T—500 Blks.

83419

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83419

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3425 E Pratt ST., 76-27 WARD)

2-FULL NAME Theodore J. Ley

(a) RESIDENCE NO. 3425 E Pratt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of or) WIFE of Anna Bohn Ley

6 DATE OF BIRTH (month, day, and year) June 29, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ... min.
	77	3	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer, Jr

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) Pottsburg Pa
(State or country)

PARENTS

10 NAME OF FATHER Frederick Ley

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Switzerland

12 MAIDEN NAME OF MOTHER Mary Menzer.

13 BIRTHPLACE OF MOTHER (city or town) Alsace Lorraine
(State or country)

14 Informant Audrey Hoffman
(Address) 342 Pratt St

15 Filed ..... , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 4 1932

17 I HEREBY CERTIFY, That I attended deceased from July 13, 1929 to October 4, 1932

that I last saw h/M alive on October 4, 1932

and that death occurred, on the date stated above, at 2.15 P m.

The CAUSE OF DEATH* was as follows:

Mitral Stenosis with Insufficiency

(duration) 3 yrs. 2 mos 21 ds.

CONTRIBUTORY (Secondary) Cardiac Hypertrophy & Dilatation and Anasarca (duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Heart Examination

(Signed) Chas W. Edmunds M. D.

, 19 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Anne Arundel County)

DATE OF BURIAL Oct 7th, 1932.

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupa-TION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 83420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83420

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 214 S. Highland Av ST., 8-45 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillian C. Baxter

(a) RESIDENCE NO. 2605 Chesterfield ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Baxter

6 DATE OF BIRTH (month, day, and year) June 6-1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Conrad Gordon

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Louise Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Frank Baxter

(Address) 2605 Chesterfield Ave.

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 4, 1932

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1932, to Oct. 4, 1932

that I last saw her alive on Oct 3, 1932,

and that death occurred, on the date stated above, at 4:15 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Wm A Abrams, M. D.

10/4, 1932 (Address) 1901 Jefferson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Oct 7 19 32

20 UNDERTAKER

ADDRESS 1032 Wilkens

TION IS very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 83421

CERTIFICATE OF DEATH

E 83421

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 W 23rd St.) (12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Esposito

(a) Residence: No. 407 W 23rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 4, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Nicholas Esposito

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Hilda Peters

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct 6, 19[illegible]

19. UNDERTAKER

(Address)

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1932, to Oct 4, 1932.

I last saw him alive on Oct 4, 1932. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Alexander Lowry M. D.

(Address) 1516 Madison Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83422

E 83422

CERTIFICATE OF DEATH

159

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 S. Baylis ST. 26-1 WARD) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Thomas Weinhold

(a) RESIDENCE NO. 1308 S. Baylis ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10-5-32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				30 m.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John G. Weinhold

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Margaret Thanner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant John G. Weinhold

(Address) 1308 S. Baylis St

15 Filed 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-5-32

17 I HEREBY CERTIFY, That I attended deceased from 10-5-32, 19, to 10-5-32, 19,

that I last saw him alive on 10-5-32, 19

and that death occurred, on the date stated above, at 9.45 p m.

The CAUSE OF DEATH* was as follows:

Atelectasis neonatorum

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature at 6 months

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs of death

(Signed) I. B. Bronushas, M. D.

10-6-32 (Address) 3037 O'Donnell St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL [illegible] DATE OF BURIAL [illegible] 19

20 UNDERTAKER ADDRESS

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83423

CERTIFICATE OF DEATH

34

E 83423

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Gen'l Hosp. Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Bennett

(a) Residence: No. 914 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, (Married,) Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Bennett

6. DATE OF BIRTH (month, day, year) 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45?	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Aaron Bennett

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Frederick Bennett

(Address) 914 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place ... Md College Date Oct 6 . 1932

19. UNDERTAKER

(Address)

20. FILED ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, . 1932 to Oct 4 . 1932

I last saw him alive on Oct 4 . 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

1 Myocarditis
Interna Sclerosis

Date of onset

Other contributory causes of importance:

Nephritis

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Boyton . M. D.

(Address) 1512 Eutaw Pl

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83424

CERTIFICATE OF DEATH

E 83424

93-004

Registered No. 9-46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1545 Montpelier St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Jones

(a) Residence: No. 1545 Montpelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel G. Jones

6. DATE OF BIRTH (month, day, year) Nov 11/1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John Emerine

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Schneider

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Samuel G. Jones
(Address) 1545 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL
Place Burial Loudon Park Date Oct 8 1932

19. UNDERTAKER George Schillinger & Son
(Address) 116 E Lanvale St

20. FILED . 19 R.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

History of hypertension — ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. H. Pacen M. D.
Coroner

(Address) 508 E Lanvale

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83425

CERTIFICATE OF DEATH

E 83425

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. or Ward) 210 [illegible]

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas F. Steinacker

(a) Residence: No. 2821 Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Steinacker

6. DATE OF BIRTH (month, day, year) Sept. 30, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrolman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S. W. Police

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Thomas Steinacker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bridget Quirk

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Emma Steinacker (wife)
(Address) 2821 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct. 6, 1932

19. UNDERTAKER Margaret E. Flynn
(Address) 1452 Light St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at ... m. and ... autopsy

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	9/29/32
Left subdural hematoma	

Other contributory causes of importance:

Struck by automobile	9/29/32

Name of operation None Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/29, 1932
Where did injury occur? Frederick Ave & Willard Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street, accident
Manner of injury struck by auto while crossing street
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
Coroner
(Address) 1200 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83426 E 83426

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 107-001 Registered No.

CITY OF BALTIMORE: (No.) Baltimore, Md St., 1873 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Henson

(a) Residence: No. 789 Sarah Ann St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Jr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Henson

14. BIRTHPLACE (city or town) (State or country) West River, Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Date 10/8. 1932

19. UNDERTAKER Mrs Chas G. Bailey
(Address) 1421 Jefferson St

20. FILED . 19 R. P. F. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4. 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-30. 1932 to 10-4. 1932

I last saw him alive on 10-4 1932 Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	1-1-32

Other contributory causes of importance:

Bronchopneumonia	acute

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

10-4-32 (Signed) Elmer Kitzberger Jr M. D.

(Address) Elmer Kitzberger Jr

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 83427

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83427

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 133 S Madeira St. 1-3 WARD)

2-FULL NAME William Mc. Lean

(a) RESIDENCE NO 133 S Madeira ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred (yrs. 39 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Mc Lean

6 DATE OF BIRTH (month, day, and year) February 22 1847

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	7	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Boiler Maker
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Scotland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Elizabeth Mc Lean

(Address) 133 S Madeira St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visit

(Signed) B F Henderson M. D. Coroner

Oct 6, 1932 (Address) 1305 Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St Pauls Reburial	19
20 UNDERTAKER	ADDRESS
Wendell & Bagel	Broadway

E 83428

1-30—M. & T.—100 B—50L

E 83428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 521 N. Cross St. ST. 21-31 (WARD)

2-FULL NAME Leona M. Ellen. (C)

(a) RESIDENCE NO 521 N. Cross St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 31, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Lafayette Ellen. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md.

12 MAIDEN NAME OF MOTHER Evelyn Richardson (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Evelyn Ellen. (C) mother
(Address) 521 N. Cross St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 6th 1932[19]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia.
unknown.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

19 (Address) 1017 N. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Ct

DATE OF BURIAL 10/8/32

20 UNDERTAKER Isaiah Brown & Son

ADDRESS 1017 N. Charles st

CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of occupation is very important. See instructions on back of certificate.

M. H. B. 1268-9

83429

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83429

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6711 Old Harford Road St. 27-43 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elwood Myers

(a) Residence: No. 6711 Old Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Amanda Myers

6. DATE OF BIRTH (month, day, year) May 14 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scranton Pa.

FATHER

13. NAME Jonas E. Myers

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT John E. Myers
(Address) 6711 Old Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Oct. 8 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 4 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1932 to Oct. 4, 1932

I last saw h alive on Oct. 3, 19 . Death is said to have occurred on the date stated above, at 12.15 m. P.M.

The principal cause of death and related causes of importance were as follows:

Cortic insufficiency — Date of onset .....

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. C. Pelletiere M. D.

(Address) 29 Hamilton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

83430

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83430

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3612 Cottage Ave St., 15-58 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah M Goldman

(a) Residence: No. 3612 Cottage Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isadore

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Jacobs

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose Selkowitch

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Isadore Goldman

(Address) 3612 Cottage ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Cemetery Date Oct 7 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1932 to Oct 7, 1932

I last saw her alive on Oct 7, 1932 Death is said to have occurred on the date stated above, at 4:15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	
Other contributory causes of importance:	
malignancy to Peritoneum liver & retroperitoneal glands	

Name of operation none Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. Wallenstein M. D.

(Address) 2042 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83431 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83431

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hosp St. (Ward) 1-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter G. Hanson

(a) Residence: No. Woburn, Mass. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Hampshire

FATHER

13. NAME J. C. Hanson

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Mary Hadley

16. BIRTHPLACE (city or town) (State or country) Massachusetts

17. INFORMANT Mrs. J. Reard
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Boston Mass Date 10/7 32

19. UNDERTAKER Eugene A. Farley
(Address) Farley & Farley

20. FILED 7 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1932 to Oct 6 1932

I last saw him alive on Oct 6 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac Vascular Disease	?
Myocardial Insufficiency	1
Diabetes Mellitus	?

Other contributory causes of importance:

Name of operation None Date of ?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Burns M. D.

(Address) Mercy Hospital

STATE CAUSE OF DEATH in plain terms so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83432

E 83432

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 N. Lakewood Ave. St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET MANLEY

(a) Residence: No. 400 N. Lakewood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Manley

6. DATE OF BIRTH (month, day, year) March 16, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. John P. Huether

(Address) 400 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date October 7, 1932

19. UNDERTAKER Henry Sander & Sons, Inc.

(Address) Baltimore 17 W. Broadway.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1932, to Oct. 4, 1932.

I last saw her alive on Oct 4, 1932. Death is said to have occurred on the date stated above, at 6.30 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset 9/30/32

Other contributory causes of importance:

Arterio Sclerosis

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. H. Meyer M. D.

(Address) 15 W. Saratoga

M. D. B. 1268-9

83433 HEALTH DEPARTMENT—CITY OF BALTIMORE 83433

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1832 Lorman 15-21 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Curtis Williamson

(a) Residence: No. 1832 Lorman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Ezekiah Williamson

14. BIRTHPLACE (city or town) (State or country) S. Carolyn

MOTHER

15. MAIDEN NAME Louise White

16. BIRTHPLACE (city or town) (State or country) S. Carolyn

17. INFORMANT Ezekiah Williamson
(Address) 1832 Lorman

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 7 1932

19. UNDERTAKER Vansant Funeral Home
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 3 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on September 30 1932. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	7 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

E 83434 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83434

CERTIFICATE OF DEATH

V 118

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S Bond St., 3-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis Miller

(a) Residence: No. 22 S Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Miller

6. DATE OF BIRTH (month, day, year) ... 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Carolina

FATHER

13. NAME James Miller

14. BIRTHPLACE (city or town) (State or country) S Carolina

MOTHER

15. MAIDEN NAME Parkins

16. BIRTHPLACE (city or town) (State or country) S Carolina

17. INFORMANT Minnie Miller

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date Oct 10, 1922

19. UNDERTAKER Edward Boyerstein

(Address) Monroe & Lee

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1922

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8:02 m.

The principal cause of death and related causes of importance were as follows:

Acute Indigestion — Date of onset ...

Other contributory causes of importance:

Acute Gastritis

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J J Neary M. D.

Coroner

(Address) 1305 N Patterson Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 83435

E 83435 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore Maryland St., 15-32 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Thomas

(a) Residence: No. 1321 Whatcoat St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	~~White~~ Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 6, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs 0 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Harry Chesley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace Veasey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Clerk
(Address) City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date [illegible] 19[illegible]

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-30 1932 to 10-4 1932

I last saw her alive on 10-4 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic — Date of onset 6-1-30

Other contributory causes of importance:

Senile Myocardial Degeneration — 9-3-32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10-4-32 (Signed) Elmer Hibbert M. D.

(Address) Cardiac Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83436

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83436

CERTIFICATE OF DEATH

145-V-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma L. Litz

(a) Residence: No. 1918 Sherwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Litz

6. DATE OF BIRTH (month, day, year) May 2/1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Frederick Moser

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Annie Gardner

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Joseph J. Litz

(Address) 1918 Sherwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem't Date 10-10, 1932

19. UNDERTAKER Leonard J. Rush

(Address) 5205 Harford Rd.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6/32. 19

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis-Puerpal Infection	Oct 2/32

Other contributory causes of importance:

7-8 mons gestation- delivered Oct 2/32 (Twins)

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Falkenau Coroner, M. D.

(Address) 506 E Fayette

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

83437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 83437

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 423 N Modena St. (Ward) 6-10

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jones

(a) Residence: No. 423 N Modena St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Jones

6. DATE OF BIRTH (month, day, year): Jan 6 1851

7. AGE: Years 81; Months 9; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER

13. NAME: Joseph Valek

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Rose Jones

(Address) 423 N Modena St

18. BURIAL, CREMATION, OR REMOVAL.

Place Holy Redeemer Date Oct 10 1932

19. UNDERTAKER: Frank Grack & Son

(Address) 1906 Eastern Ave

20. FILED 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1932 to Oct 6 1932

I last saw her alive on Oct 6 1932. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 1 32

Other contributory causes of importance:

Cardiac Prolapsis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J Reamer M. D.

(Address) 801 N Kenwood

M. D. B. 1268-9

E 83438 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83438

83438 83438

CERTIFICATE OF DEATH

97V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3934 Cloverhill Road St. 12-45 Ward)

Length of residence in city or town where death occurred 78 yrs. 9 mos. 17 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary O. Dudley

(a) Residence: No. 3934 Cloverhill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hiram G. Dudley

6. DATE OF BIRTH (month, day, year) Feb. 19, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Holland

14. BIRTHPLACE (city or town) ---------
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Jennings

16. BIRTHPLACE (city or town) ---------
(State or country) Maryland

17. INFORMANT Frank S. Dudley
(Address) 849 University Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date 10/8 1932

19. UNDERTAKER Henry U. Myers & Son
(Address) 805 N. Gilmor St.

20. FILED ..... 19..... Registrar.

OK 7-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1932 to Oct 6, 1932

I last saw her alive on Oct 5 1932 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Pulmonary Oedema	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Chas J Block M. D.

(Address) 20 E Preston

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 8[illegible]39 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 8[illegible]39

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St. [illegible] Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Glenora Ruff

(a) Residence: No. 334 Canel st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 22, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Belair Maryland

FATHER

13. NAME Walter Ruff

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Helen Stewart

16. BIRTHPLACE (city or town) (State or country) Belair Maryland

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Mountain Cemetery Date Oct 9 . 1932

19. UNDERTAKER Henry Farrington Sons
(Address) Eastern Ave

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from August 30 1932, to Oct. 7 1932

I last saw her alive on Oct. 7 1932. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis, Tuberculous Enteritis, Syphilis,

Date of onset Apr. 1 1932 Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Steen, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1269-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85440 E 85440

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 522 E. Preston St. 9th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Francis Gately

(a) Residence: No. 522 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 17, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	Aug 1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 604

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Michael Gately

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Mealey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael J. Gately

(Address) 522 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 8, 1932

19. UNDERTAKER John A. Tyman

(Address) 8600 E. Baltimore

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6. 1932

22. I HEREBY CERTIFY, That I attended deceased from October 4. 1932 to October 5 1932

I last saw him alive on Oct 5 1932 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	

Other contributory causes of importance:

Name of operation Biopsy Date of 7/10/32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Benj Meek M. D.

(Address) Medical Arts Bldg, City

Information necessary to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83441

CERTIFICATE OF DEATH.

131 E 83441

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 what coat ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Cure

(a) RESIDENCE NO. 830 what coat ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	widow

5a If married, widowed, or divorced (or) WIFE of Herman Cure.

6 DATE OF BIRTH (month, day, and year) Oct 1, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44 yrs	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.. Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (city or town) (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Don't Know.

14 Informant Marion Cure. (Address) 830 What coat St.

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 7 5 1932.

17 I HEREBY CERTIFY, That I attended deceased from 8/17, 1932 to 10 7 5, 1932, that I last saw her alive on 10 7 5, 1932 and that death occurred, on the date stated above, at 8.45 p. m.

The CAUSE OF DEATH* was as follows:

Endocarditis and Nephritis

(duration) about yrs. 2 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. W. Light, M. D.

10 7 6, 1932 (Address) 1536 W. Lafayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn — DATE OF BURIAL: Sept 8, 1932

20 UNDERTAKER: Joseph A Linz — ADDRESS: 1101 N. Mount St

TION is very important See instructions on back of certificates.

E 83442 STATE OF MARYLAND—CERTIFICATE OF DEATH

93-E 83442

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

Village or City Baltimore, Maryland, No. 1514 St., ... Ward

(If death occurred in a hospital or institution give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Barkdoll Dielman,

(a) Residence: No. 1514 Park Ave., St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married,

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis H. Dielman,

6. DATE OF BIRTH (month, day, and year) 23 July, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smithsburg, Maryland.

FATHER

13. NAME Jacob Welty Barkdoll,

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Newcomer

16. BIRTHPLACE (city or town) (State or country) Washington Co., Md.

17. INFORMANT Husband, (Address)

18. BURIAL, CREMATION, REMOVAL to Place New Windsor, Date Oct. 7, 1932

19. UNDERTAKER Harvey Bankard & Son, (Address) Westminster, Md.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 7, 1932 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1926 to August 15, 1932

I last saw her alive on August 15, 1932 death is said to have occurred on the date stated above, at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
(a) Chronic Myocarditis with auricular fibrillation of thirteen years	May 15th '19 to Oct. 7 '32
Other Contributory Causes of importance: Acute Cardiac Dilatation	Same date

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm B Mayo M. D.

(Address) Medical Arts Bldg

OCT 1932

U. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83143

CERTIFICATE OF DEATH

59 E 83143

Registered No.

1. PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 11-15 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME J. Charles Linthicum

(a) Residence: No. 705 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of Helen A Perry

6. DATE OF BIRTH (month, day, year) Nov 26 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Politician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Congressman from Maryland

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frederick Linthicum

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME L. Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 8 1932

19. UNDERTAKER Henry W. Peking Sons
(Address) McCulloh & Orchard St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-5 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1932 to 10-5 1932

I last saw h[illegible] alive on 10-5 1932 Death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	10 yrs.
Chronic Myocarditis	3 yrs.
Other contributory causes of importance:	
Staphylococcus Septicaemia	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If (so) specify ...

(Signed) L. Grace M. D.

(Address) Md. Gen. Hospital

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-11 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83~~3~~44

CERTIFICATE OF DEATH

83~~3~~44

92-091

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., ~~W~~ E Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine F. Colliers

(a) Residence: No Little Sisters of the Poor St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 16, 1862

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	70	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlestown S.C.

MOTHER

13. NAME Wm M Colliers

14. BIRTHPLACE (city or town) (State or country)

FATHER

15. MAIDEN NAME Mary A. Curran

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Good Mother (Address) 12 ee Valley St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Oct 8. 1932

19. UNDERTAKER Rita Redfield (Address) 914 Greenmount Ave

20. FILED ... 19... Registrar BPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/7/ 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20 1932, to Oct 7 1932

I last saw her alive on Oct 6 1932, death is said to have occurred on the date stated above, at 10.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	

Other contributory causes of importance: Arteriosclerosis Asthma

Name of operation Thyroid Date of 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L McCarthy, M. D.
(Address) 111 Hartford Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83445

CERTIFICATE OF DEATH

23 E 83445

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 8-17

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Douglas

(a) Residence: No. 1701 17 Llewellyn ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 14, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	/	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Douglas

14. BIRTHPLACE (city or town) (State or country) Richmond Virginia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 10-8- 1932

19. UNDERTAKER Jas. M. Skinner

(Address) 1620 E. Preston

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932 to Oct. 5, 1932

I last saw him alive on Oct. 5, 1932 Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1932
Tuberculosis of bones and joints.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bennett A. Stacy M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr. Fisher 1823 N. Washington St Wol 5134

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83446 — CERTIFICATE OF DEATH — 13E 83446.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1710 Montford Ave (St.) 8-16 (Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Clark

(a) Residence: No. 1710 Montford Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Emma F. Clark

6. DATE OF BIRTH (month, day, year) Aug 13th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Flour

10. Date deceased last worked at this occupation (month and year) Mar 1928

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ellicot City Md

MOTHER

15. MAIDEN NAME Rebecca Keith

16. BIRTHPLACE (city or town) (State or country) Ellicott City Md

17. INFORMANT William J. Clark

(Address) 2610 Hamsden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 10th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1932 to Oct 7 1932

I last saw h[illegible] alive on Oct 4 1932. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis Chronic	
(Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Fisher M. D.

(Address) 1823 N. Wash Ave.

1-30—M. & T.—100 B—50L

E 83447

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83447

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 14 S. Broadway ST. 2-4 WARD)

2-FULL NAME Theresa Eser

(a) RESIDENCE NO. 625 S. Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of late Henry Eser

6 DATE OF BIRTH (month, day, and year) July 10/60

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Grimm

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Mrs. Theresa Traff

(Address) 2408 Hudson st.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Visit

(Signed) H. P. Hennigan, M. D. Coroner

Oct. 7, 1932 (Address) 1305 Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel

DATE OF BURIAL Oct 10 1932

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 83448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83448

CERTIFICATE OF DEATH

X 172-002

REGISTERED NO. .....

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. University of Md. Hospital STREET, 4-30 WARD

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Harry C. Leyh

(a) RESIDENCE NO Montrose Ave. ST., Essex. WARD

(Usual place of abode) Balto. County (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. One da. How long in U. S., if of foreign birth? yrs. mos. da.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Leyh

6 DATE OF BIRTH (month, day, and year) Oct. 9th. 1891

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Fisherman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Himself

9 BIRTHPLACE (city or town) (State or country) Balto. city.

PARENTS

10 NAME OF FATHER Frederick Leyh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary T.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Catherine Leyh

(Address) Montrose Ave. Essex. Balto. Co.

15 Filed ..... 192 ..... Registrar

RKB

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 5th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Intestinal Obstruction

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] Coroner, M. D.

Oct. 6 1932 (Address) 239 Eastern Ave

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart

DATE OF BURIAL Oct 8 1932

20 UNDERTAKER Philip Herwig

ADDRESS 2016 Orleans St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83449

CERTIFICATE OF DEATH

E 83449

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Fawn Street St. 3-5 Ward)

Length of residence in city or town where death occurred 26 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Giuseppe A Bucci

(a) Residence: No. 905 Fawn Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Minotti

6. DATE OF BIRTH (month, day, year) Mar. 17, 1872.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
60	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Isrino Italy

FATHER

13. NAME Domenico Bucci

14. BIRTHPLACE (city or town): (State or country) Isrino

MOTHER

15. MAIDEN NAME Maddalena Cipolla

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ida Bucci
(Address) 905 Fawn Street

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 10/8/32 19

19. UNDERTAKER Geary J. Duffy Inc
(Address) 1735 Hadfield Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 1932 to Oct. 4 1932

I last saw h alive on Oct 4, 1932 Death is said to have occurred on the date stated above, at 12 30 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1/21/32
Other contributory causes of importance: Terminal Bronchopneumonia	10/3/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. A. Tommasello M. D.

(Address) 306 N. Greene St.

STATE CAUSE OF DEATH in plain terms. Name of disease alone is not sufficient. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 83450 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83450

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp., Baltimore 11th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. / ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Charles T. Back

(a) Residence: No. Cella, Baltimore Co St., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary E. Back

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Charles Back

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Newman Riley

(Address) Cella, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Culpepper, Va. Date Oct. 8, 1932

19. UNDERTAKER Harry H. Mitzke

(Address) 410 Edmondson Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-6-1932 to 10-7-1932

I last saw HIM alive on 10-7-1932 Death is said to have occurred on the date stated above, at 9:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	10-7-32
Other contributory causes of importance: Cirrhosis of Liver	Chr

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Maurice F. Abrams, M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83451

CERTIFICATE OF DEATH

186 E 83451

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. St. 70-28 (Ward) 8

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Georgiana Morrison

(a) Residence: No. 1916 Hobart McHenry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Francis E. Morrison

6. DATE OF BIRTH (month, day, year) Oct 7, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bladensburg, Md

FATHER

13. NAME George Morrison

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Georgiana Gruber

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Morrison
(Address) 2750 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct. 10, 1932

19. UNDERTAKER Harry F. Kuetzke
(Address) 4101 Edmondson Ave

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/1/1932 to 10/7/1932

I last saw h alive on 10/7/1932 Death is said to have occurred on the date stated above, at 8.40 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congestive Heart failure	9-25-32
Respiratory failure	

Other **contributory causes** of importance:

Fracture neck right femur (new)	9.13.32

Name of operation appendectomy Date of 9/9/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. L. Chaney M. D.

(Address) M.D. Gen. Hospital

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83452

E 83452

CERTIFICATE OF DEATH.

50

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6621 Reisterstown Rd ST., 47-24 WARD)

2-FULL NAME Lucy Wilson Dennison

(a) RESIDENCE NO. 1210 Druid Hill Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Widowed

5a If married, widowed, or divorced (or) WIFE of Robert Dennison

6 DATE OF BIRTH (month, day, and year) May 21, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Culpeper Va

PARENTS

10 NAME OF FATHER Charles Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Annie Tolliver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Jessie Wilson Smith 6621 Reisterstown Rd

15 Filed ..... 19 ..... RAA Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 4 1932

17 I HEREBY CERTIFY, That I attended deceased from May, 1931, to Oct 4, 1932, that I last saw h alive on Oct 4, 1932, and that death occurred, on the date stated above, at 9:45A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast

(duration) 1 yrs. 6 mos ..... ds.

CONTRIBUTORY (Secondary) General weakness

(duration) ..... yrs. 3 mos. ..... ds.

18 Where was disease contracted if not at place of death? /

Did an operation precede death? No Date of /

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Frederick Lentz, M. D.

Oct 4, 1932 (Address) Temple Garden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Oct. 8 1932

20 UNDERTAKER John McJohnson

ADDRESS 1845 Druid Hill Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

83453

CERTIFICATE OF DEATH

93-003

E 83453

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 E Cross St. 24-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie R Wicks

(a) Residence: No. 214 E Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W Wicks

6. DATE OF BIRTH (month, day, year) Dec 10 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME William Gibson

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Mary Catterton

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Mrs Victoria Catterton
(Address) 422 E Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Church Cem. Date Oct 8, 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

OCT 8 - 19

(Filed) , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1931 to October 6, 1932

I last saw her alive on October 6, 1932 Death is said to have occurred on the date stated above, at 1.40 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr ago
Other contributory causes of importance:	
Cardiac Decompensation	1 wk ago

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) S H Bonanno M. D.

(Address) 436 S Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last attendant's OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83454

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83454

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 E Lanvale St. 12-19 Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Bruce Harner

(a) Residence: No. 15 E. Lanvale St St., 12th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Marys Co. Md.
(State or country)

FATHER

13. NAME Rev. Geo. Krebs Harner

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

MOTHER

15. MAIDEN NAME E. Angelica Chesley Hofewell

16. BIRTHPLACE (city or town) Town Creek,
(State or country) St. Marys Co. Md.

17. INFORMANT Frederica Harner
(Address) 15 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL ST. JAMES. Am
Place City Lodge Mamie Date 10-10-. 1932
Cincinnati

19. UNDERTAKER Henry W. Jenkins' Sons Co
(Address) Richard McCullough

20. FILED ..... . 19 .... WPA Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7th . 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15th . 1932. to Oct. 7 . 1932
I last saw him alive on Oct 7 . 1932 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 6/32
Other contributory causes of importance: Chronic Myocarditis	1079

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Pearce . M. D.
(Address) East Ct apts.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1249

E 83455

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83455

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1700 Duke Land St., (Ward) 15

Registered No. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Hall

(a) Residence: No. 1700 Duke Land St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hagy E.

6. DATE OF BIRTH (month, day, year) Jan 10 1875

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berks Co Pa

FATHER

13. NAME Jacob Hall

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Hannah Bottorf

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mary E Hagy

(Address) 1700 Duke Land

18. BURIAL, CREMATION, OR REMOVAL OCT 10 1932

Place Woodlawn Date . 19

19. UNDERTAKER W Little

(Address) 2700 Edmondson Ave

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1932

22. I HEREBY CERTIFY That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Failure	
Sudden	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H C Funk M. D.

Coroner

(Address)

STATE CAUSE OF DEATH in plain words. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

8345-6 HEALTH DEPARTMENT—CITY OF BALTIMORE 8345-6

CERTIFICATE OF DEATH

175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1131 N. Parrish St. 16-22 Ward

Registered No. .....

(If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thos. Ruskin

(a) Residence: No. 1131 N. Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: About 40 — Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

040

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Thomas P. Ruskin

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah Bond

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Police Dept Record

(Address) Sarah Ruskin 1302 Lamons St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cemetery Date: Oct 8, 1932

19. UNDERTAKER: Thomas E. Kelson.

(Address) 1303 Presstman st

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Homicide — Date of onset

Perforated ulcer of Stomach

General Peritonitis

Other contributory causes of importance: Contusion of Head

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Injury ..... 19 .....

Where did injury occur? 1131 N. Parrish

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Luke, M. D.

Coroner

(Address) Coroner

MAKE CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-p

E 83457

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83457

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital (Ward) 9-17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 12 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Jackson

(a) Residence: No. Lutherville Md St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Walter Jackson

6. DATE OF BIRTH (month, day, year): 9-6-1892

7. AGE: Years: 40 | Months: 1 | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Launderess

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Blackstone Va

FATHER

13. NAME: Thomas Fox

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Rebecca H.

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Willie Jackson

(Address) Lutherville Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Blackstone Va Date: Oct 8, 1932

19. UNDERTAKER: George R. A. Lefson

(Address) 1735 Pennsylvania Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 to 4, 1932 to Oct. 6, 1932

I last saw h-e alive on Oct. 6, 1932 Death is said to have occurred on the date stated above, at 8 44 A.m.

The principal cause of death and related causes of importance were as follows:

Bilateral Pulmonary Tuberculosis

Pelvic Abscess

Date of onset

Other contributory causes of importance:

Leucocytosis

Name of operation: Post Colpotomy Date of: 9/27/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. ...

(Signed) R. F. Young, M. D.

(Address) St. Joseph Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 83458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83458

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2409 Maryland Ave. ST.) 12-51 (WARD)

2-FULL NAME Amelie Tournier

(a) RESIDENCE NO. 2434 N. Charles ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed or Divorced (write the word): ~~Married~~ Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec. 17, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired school Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York

PARENTS

10 NAME OF FATHER: Charles B. Tournier

11 BIRTHPLACE OF FATHER (city or town) (State or country): France

12 MAIDEN NAME OF MOTHER: Fanny Burckel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): France

14 Informant: Valentine Tournier

(Address) 93 Cambridge Place, Brooklyn N.Y.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 6, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Jo Tular Disease

9 Years

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D. Coroner

19 (Address) 162 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New York City

DATE OF BURIAL: Oct. 10, 1932

20 UNDERTAKER: E. Leroy Stiffler, Inc

ADDRESS: 125 E. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied. See Instructions on back of certificate.

M. D. R. 1268-9

E 83459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83459

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 665 E. Clement St. 24-33 Ward) 108 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Emily Seibel

(a) Residence: No. 665 E. Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles F. Seibel

6. DATE OF BIRTH (month, day, year) Dec 29-1881.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

10. Date deceased last worked at this occupation (month and year) life

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William B Thompson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine L. O'Toole

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary E. Connelly

(Address) 128 E. State St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct. 10th 1932

19. UNDERTAKER Fred. A. Fraver & Son

(Address) 703 E. Fayette

20. FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13th, 1931, to Oct 6th, 1932

I last saw h.. alive on Oct 6, 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	2 yrs
Other contributory causes of importance:	
Pulmonary Tuberculosis	1 yr

Name of operation not any Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 321 E. Cross St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83460 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83460

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Provident Hosp. St. 12-51 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jefferson Davis.

(a) Residence: No. 2011 Oak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eloise

6. DATE OF BIRTH (month, day, year): 1880 July

7. AGE: Years 52 | Months 1 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Sumter S. C.

FATHER

13. NAME: John Davis

14. BIRTHPLACE (city or town) (State or country): Sumter S. C.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Lawrence Davis

(Address): Sumter S. C.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cemetery Date: Oct 8 1934

19. UNDERTAKER: Thomas E. Kelson

(Address): 1303 Pearlman st

20. FILED ..... 19..... R.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma — Date of onset: two hours

Other contributory causes of importance: Diabetes — Date of onset: 3 months

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Leek M. D.
Coroner

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83461

CERTIFICATE OF DEATH

E 83461

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Eastern Ave & Patterson Park St., 3-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date 19

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital cardiac Malformation	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? Unknown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Unknown

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. .....

(Signed) ..... M. D.
Coroner

(Address) ...

M. D. H. 1268-9

43-003

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83462

CERTIFICATE OF DEATH

E 83462

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 46 - 76 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Herz

(a) Residence: No. 768 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Balto. Police Dept.

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER

(Address)

20. FILED Nov 1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Acute Edema of Lungs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zeller M. D.

(Address) 20 S. Eutaw St. Current

M. D. B. 1268-9

83463 HEALTH DEPARTMENT—CITY OF BALTIMORE 83463

CERTIFICATE OF DEATH

92-101

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 Glenmore Ave. St. 27-43 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Nathan Carver

(a) Residence: No. 3412 Glenmore Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adella E. Carver (nee Faul)

6. DATE OF BIRTH (month, day, year) Feb. 7, 1895.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	8 7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Ins. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John H. Carver

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Wust

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs. Adella E. Carver
(Address) 3412 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct. 10, 1932

19. UNDERTAKER Harry E. Wuttke
(Address) 1101 E. Rhondda Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1932 to Aug 6, 1932
I last saw him alive on Aug 6, 1932 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart	
Subacute Bacterial endocarditis	July 17 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry L. Long M. D.

(Address) 3309 Harford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 83464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83464

CERTIFICATE OF DEATH

V 78

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-6 W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert T. Bonham

(a) Residence: No. 2703 Beethoven Ave, St., Howard Pk. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha L. Bonham

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Advertising Sales

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Wm. T. Bonham

14. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER

15. MAIDEN NAME Virginia Padon

16. BIRTHPLACE (city or town) (State or country) Ill.

17. INFORMANT Mrs. Robt. T. Bonham

(Address) 2703 Beethoven Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairfield, Ill. Date Oct. 9, 1932

19. UNDERTAKER Harry H. Weitzel

(Address) 410 Eastwonsoor Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20th 1932 to Oct. 7th 1932

I last saw h.im alive on Oct. 7th 1932 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	June 1932
Other contributory causes of importance:	
Brain Abcess	Oct. 3, 1932

Name of operation Open Thoracotomy 9-21-32 Craniotomy Date of 10-6-32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Ahrons Jr. M. D.

(Address) University Hospital

Information asked for on this certificate is necessary for the registration of the fact, and it is hereby required that every question be answered so far as the same can be ascertained. Please write plainly with ink, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83465 E 83465

CERTIFICATE OF DEATH.

82-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1612 N. Wolfe St. 8-17 Ward)

2-FULL NAME Susan E. Mumm

(a) RESIDENCE NO. 1612 N. Wolfe St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William J. Mumm

6 DATE OF BIRTH (month, day, and year): December 28 1854

7 AGE: Years 77; Months 3; Days 20; IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Charlestown S C

(State or country)

PARENTS

10 NAME OF FATHER: [illegible] Stephenson

11 BIRTHPLACE OF FATHER (city or town): Unknown

(State or country)

12 MAIDEN NAME OF MOTHER: Susan Gambrill

13 BIRTHPLACE OF MOTHER (city or town): Baltimore

(State or country) Md

14 Informant: Jas. E. Mumm

(Address) 1612 N. Wolfe

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 8th 1932

17 I HEREBY CERTIFY, That I attended deceased from January 8th 1932 to October 7th 1932, that I last saw h.e.r. alive on October 7th 1932, and that death occurred, on the date stated above, at 7.30 A. m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma.

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Hemiplegia

(duration) ..... yrs. 10 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Dept. D. Sauno, M. D.

10/8, 1932 (Address) 919 E. Pleasant St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: 10/10/1932

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

OF DEATH in plain terms, so that it may be properly classified. Last Statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 83466 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83466

CERTIFICATE OF DEATH

178-601

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1616 W. Lafayette St. 6022 Ward)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Franklin Neale

(a) Residence: No. 1616 W. Lafayette Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed~~ or divorced HUSBAND of (or ~~WIFE of~~) Divorced

6. DATE OF BIRTH (month, day, year) Sept 13th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Enamel-Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Enamel Novelty Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Franklin P. Neale

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary A. Gillespie

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mary Neale, 1616 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Lorraine Date 10/10/1932

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Acute Asphyxiation Edema of Lungs Sudden

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? 1616 W Lafayette
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury: Gas jet blown out by wind

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. A. Kuck Coroner M. D.

(Address) .....

HAVE CAUSE OF DEATH written in plain terms. Do not use abbreviations or ditto marks. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 183467

83467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4048 Park Heights St. 15-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth 63 yrs. mos. ds.

2. FULL NAME Bernard Strauss

(a) Residence: No. 4048 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hannah Strauss

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Von Strauss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Von Holmes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT David Strauss
(Address) 5020 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 10-9-37 19

19. UNDERTAKER Jos. F. Lee
(Address) 1437 E. Lafayette Ave

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1932 to Oct 7 1937

I last saw h.... alive on Oct 7 1937. Death is said to have occurred on the date stated above, at 6.10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Myocarditis	

Other contributory causes of importance:

Embolism

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nathaniel Barb M. D.
(Address) 1605 Gwynns Falls Pkwy

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

E 83468 HEALTH DEPARTMENT—CITY OF BALTIMORE 9th E 83468

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 N. East Ave., St. 76-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

2. FULL NAME Stella Falcon

(a) Residence: No. 101 N. East Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michel Falcon

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Levy Inc (Address) 1430 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cemetery Date 10-9-33

19. UNDERTAKER Jack Levy Inc (Address) 1430 E Pratt St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9- 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1933 to Oct 9 1933

I last saw her alive on Oct 8 1933. Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	1933
Other contributory causes of importance: Hypertension	

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. E. Mayer M. D.

(Address) 26 N. E. Baltimore St

Write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

83469

E 83469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 6562 W. Franklin St., 17-24 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Dr. Gustav Goldmann

(a) RESIDENCE NO. 6562 W Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Lillian Goldmann

6 DATE OF BIRTH (month, day, and year) Oct 29/1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66	66	11	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Physician

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Edward Goldmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Kaston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

14 Informant (Address) Wife 6562 W. Franklin St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8, 1932

17 I HEREBY CERTIFY, That I attended deceased from February 3, 1931 to Oct. 8, 1932

that I last saw him alive on Oct. 8, 1932

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerotic Cardio-vascular renal Disease

(duration) 1½ yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No —

What test confirmed diagnosis?

(Signed) A. J. Freeman M. D.

19 (Address) 2340 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Oct 11 '32

20 UNDERTAKER J. Ahrens & Co.

ADDRESS 325 W. Baltimore St.

TION is very important. See instructions on back of certificate.

B. 83470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83470

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1132 Battery Ave St. 24-33 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ruth Foard

(a) Residence: No. 1132 Battery Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug 31st 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired paper box maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1912

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry C. Foard

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Mary F. Morris

16. BIRTHPLACE (city or town) (State or country) Cecil Co Md

17. INFORMANT Mary F. Foard

(Address) 1132 Battery ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 10/10 1932

19. UNDERTAKER J. Fenwick Malloy

(Address) 130 E. Fort

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1932 to Oct 7 1932

I last saw her alive on Oct 7th 1932 Death is said to have occurred on the date stated above, at 1230 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Myocarditis	unknown
Other contributory causes of importance:	
Fibroid Uterus	several years

Name of operation not any Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) H. H. Buxton M. D.

(Address) 301 E. Cross St.

Information called for on both sides of this form is necessary for the registration of each death. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 83471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83471

92-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 Albemarle ST., 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rosa Cicero

(a) RESIDENCE NO. 20 albemarle ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: white | 5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced (HUSBAND of (or) WIFE of): John Cicero

6 DATE OF BIRTH (month, day, and year): May 15-1863

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	4	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Italy

PARENTS

10 NAME OF FATHER: Frank Cicero

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

14 Informant: Sol Cicero

(Address) 3007 Mayfield ave

15 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 6-1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1932, to Oct 6, 1932, that I last saw her alive on Oct 5, 1932, and that death occurred, on the date stated above, at 5-30 a m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

Exhaustion (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

Oct 8, 1932 (Signed) Luigi L. DeStefano M. D. (Address) 407 N. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 10 1932

20 UNDERTAKER: Frank V. Pipitone — ADDRESS: 2818 E. Balto st

OF DEATH in plain terms, so that it may be properly classified. important. See instructions on back of certificates.

M. D. H. 12859

E 83472 HEALTH DEPARTMENT—CITY OF BALTIMORE B 83472

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 N. Arlington Ave. St., 23 Ward)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Bellfield

(a) Residence: No. 826 N. Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Bellfield

6. DATE OF BIRTH (month, day and year) Mch 4 1889

7. AGE Years 43 Months 7 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Westley Bellfield

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hollis-Junker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Laura Bellfield

(Address) 826 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem Dec 10 32

19. UNDERTAKER Samuel T. Hemsley

(Address) 578 N. Eutaw St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 7th , 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Fick Coroner , M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 8-24-11 M. & T.—2000 lbs.

E 83473

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83473

E-83473

CERTIFICATE OF DEATH.

REGISTERED NO. C 108

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 Hendale Av St. 28 WARD)

2-FULL NAME Earl A. Kyle

(Residence in Baltimore: No. 3114 Hendale Av. St.: 10 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Married

6-DATE OF BIRTH: January (Month) 15 (Day), 1894 (Year)

7-AGE: 38 yrs. 8 mos. 24 ds.

If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of Industry, business, or establishment in which employed (or employer): Gas

9-BIRTHPLACE, (State or Country): Virginia

PARENTS.

10-NAME OF FATHER: James H. Kyle

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Luella Cox

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Mrs. P. M. Sedora

(Address) Christiansburg Va.

15-

Filed ..... 191.... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 9 (Day), 1932 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Oct 3 1932, to Oct 9 1932, that I saw h[im] alive on Oct 9 1932; and that death occurred, on the date stated above, at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ....yrs. ....mos. 7 ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. 3 ds.

(Signed) Howard H. Stevens M. D.

Oct 9, 1932 (Address) 2604 Garrison Blvd

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONAL TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL, OR REMOVAL, Pulaski Virginia

DATE OF BURIAL, 10/7, 1932

20-UNDERTAKER W. Maurice Routson

ADDRESS 223 N. Main

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 83474 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83474

CERTIFICATE OF DEATH X V121

1. PLACE OF DEATH U. S. Marine Hospital

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.....St. 2-4 (Ward)

Length of residence in city or town where death occurred ...yrs.....mos 13 ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William E. Olsen

(a) Residence: No. 632, S Broadway St., ...Ward. Fells
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 12, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. shipping

10. Date deceased last worked at this occupation (month and year) July 20, 1932

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Lee Olsen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Lora Tucker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT U.S. Marine Hospital records.
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Newport News, Va. Date Oct. 9, 1932

19. UNDERTAKER E. E. Amory
(Address) Compton, Md. 1431 E. Baltimore

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1932, to Oct. 8, 1932

I last saw him alive on Oct 8 1932 death is said to have occurred on the date stated above, at 10:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, acute	9/23/32
Intestinal obstruction	9/25/32

Other contributory causes of importance:

Peritonitis, acute	?

Name of operation Supra Pubic Appendectomy Date of 9/26/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Hart, M. D.

(Address) U. S. Marine Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 83475 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83475

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Louis Murphy

(a) Residence: No. 713 E Lake St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 5, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 12, 1932

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. F. Murphy

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Katie Hebbing

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Wm. F. Murphy
(Address) 713 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct 12 1932

19. UNDERTAKER Geo. F. Keyser
(Address) 922 E. Eager St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1932 to Oct 9, 1932

I last saw him alive on Oct 9, 1932. Death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-spinal syphilis	

Other contributory causes of importance:

Oral Sepsis
Naso-Pharyngitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. F. Young, M. D.

(Address) St. Joseph's Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 63476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 63476

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 824 Union Ave St. 13-57 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lola G. Foster

(a) Residence: No. 824 Union Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Foster

6. DATE OF BIRTH (month, day, year) Oct 1, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Jacob Urbaugh

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Ella Puckett

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Lawrence Foster

(Address) 824 Union Ave

18. BURIAL, CREMATION, OR REMOVAL Bethel, Carroll Co. Date Oct 11, 1932

19. UNDERTAKER Chenoweth Love

(Address) 3115-17 Eastern Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1932 to Oct 8, 1932

I last saw h alive on Oct 7, 1932 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct 1932

Other contributory causes of importance: Endocarditis + Heart hypertrophy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

Darone

E 83477.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83477

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. E. (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dominick Darone

(a) Residence: No. 1009 Somerset St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 27-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Paul Dominick

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Maggar

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records —
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hol Tyden Date 10/10/32 19

19. UNDERTAKER Cross & Brooks Co
(Address) 1735 Harlem Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7 1932 to Oct. 8 1932

I last saw he alive on Oct. 8 1932 Death is said to have occurred on the date stated above, at 5-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular	
Empyema	
Bilateral otitis media	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. W. Bickford M. D.

(Address) Johns Hopkins Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83478 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83478

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Holbrook Street St. 9-18 Ward) 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Catherine Kearney

(a) Residence: No. 1411 Ensor Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 10, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
58	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Stephen Kearney

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary Snee

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Ella Kearney
(Address) 1308 Holbrook Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Oct. 11, 19 32

19. UNDERTAKER Geo. E. Rost Inc
(Address) 1424 Hanover and Pratt

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1932 to Oct. 8, 1932

I last saw her alive on Oct. 7, 1932 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Tuberculosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) 216 E. Lanvale St.

State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83479 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83479

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH Mercy Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-4th Ward)

Length of residence in city or town where death occurred 5ft yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Mary Dorothy Scally

(a) Residence: No. 1539 Montpelier St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 24, 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William T. Scally

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Mary C. Riley

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 10/10/32
Place St Joseph Cem

19. UNDERTAKER Carey & Ruth
(Address) 173 Lombard St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1932, to Oct. 7, 1932

I last saw h[illegible] alive on Oct. 7, 1932 Death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	1 day
Intussusception	
Partial Volvulus	Sept. 26

Other contributory causes of importance:

Peritonitis	3 days

Name of operation Laparotomy Date of 9-26-32

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Father T. Siwinski M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 83480 4 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83480

26 5

CERTIFICATE OF DEATH

157-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy Ann Miller

(a) Residence: No. Bellville St. ... Ward. Texas

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1-28-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Herman Miller

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Zelmer Kesler

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Houston, Texas Date Oct 9, 1932

19. UNDERTAKER Rightest Jones Sons

(Address) 424 E. Broadway.

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct-1-, 1932 to Oct-8, 1932

I last saw her alive on Oct 8, 1932. Death is said to have occurred on the date stated above, at 8 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	Sept 1932

Other contributory causes of importance:

Name of operation Choroid plexectomy Date of 9-27

What test confirmed diagnosis? Autopsy Was there an autopsy? Ya

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W B Woodward M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 83481

Spec.—1-12-23—M&T—500 Blks.

E 83481 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 N. Highland ave ST., 26-1 WARD)

2-FULL NAME Raymond Chmielewski

(a) RESIDENCE NO. 1107 N. Highland Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 27. 1926

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	5	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER Adam Chmielewski

11 BIRTHPLACE OF FATHER (city or town) Poland.
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Jozwiak

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md.

14 Informant Adam Chmielewski
(Address) 1107 N. Highland ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 7. 1932

17 I HEREBY CERTIFY, That I attended deceased from October 4. 1932. to October 7. 1932.

that I last saw him alive on October 7. 1932

and that death occurred, on the date stated above, at 4.30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) 2 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Oedema

(duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Signs of death

(Signed) J. B. Bloomdahl, M. D.

10-8. 1932 (Address) 3637 Greenmount

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus cem — DATE OF BURIAL Oct. 10 1932

20 UNDERTAKER Stephen J. Fialkowski INC — ADDRESS 1000 N. Kenwood ave

mation should be carefully supplied. Age should be stated. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Spec.—1-10-21—M&T—1500 Bks.

E 83482

E 83482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 S. Lakewood Ave ST.) 1-3 (WARD)

2. FULL NAME Walter Fedo

(a) RESIDENCE NO. 700 S. Lakewood Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Constance Fedo

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... retired

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Andrew Fedo.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Julia

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Constance Fedo

(Address) 700 S. Lakewood Ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Oct 8, 1932,

that I last saw him alive on Oct 7, 1932,

and that death occurred, on the date stated above, at 3:40 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Myocarditis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) H. H. Fitzhugh M. D.

10/8, 1932 (Address) 315 S. Highland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Standard Cem	Oct 10 1932
20 UNDERTAKER	ADDRESS
Stephen J. Falkowski	1000 S. Kenwood Ave

N. B.—WRITE PLAINLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 83483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-09

E 83483

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Joseph Hosp. St., 8-13 Ward)

2-FULL NAME Joseph Raborg

(a) RESIDENCE NO. 2023 Mura. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 4 1932

7 AGE: Years / Months 6 / Days 4 / If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Joseph Raborg.

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Sue Hamilton

11 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md.

14 Informant (Address) Joseph Raborg. 2023 Mura St.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

Bronchopneu.onia (Terminal)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hydrocephaleous (At birth)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. K. Weiss, M. D.

Oct 10 1932 (Address) 708 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Harford R. — DATE OF BURIAL: Oct 10 1932

20 UNDERTAKER: H. Grau Fitzpatrick INC — ADDRESS: 1000 N

Spec.—1-10-21—M&T—1500 Bks.

E 83484

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83484

92-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2137 Cambridge Street ST., 1-3 WARD)

2-FULL NAME Anthony . Durmowicz

(a) RESIDENCE NO. 2137 Cambridge Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Antonette . Durmowicz

6 DATE OF BIRTH (month, day, and year): May 18 1872

7 AGE: Years 60; Months 4; Days 18; If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: William. Durmowicz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mrs. Antonnete . Durmowicz

(Address) 2137 Cambridge Street

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 6 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept-15-1932, to Oct-6- 1932,

that I last saw h— alive on Oct-6- 1932,

and that death occurred, on the date stated above, at 11.° P m.

The CAUSE OF DEATH* was as follows:

Cardiac Dis.— Valvular —

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) Cardiac failure —

(duration) yrs. mos. 3 — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Frank A Bruner, M. D.

, 19 (Address) 1255 Broadway —

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem — DATE OF BURIAL: Oct 10 1932

20 UNDERTAKER: John M Weber — ADDRESS: 401 S. Chester

N. B.—Blanks must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 83485

E 83485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1444 Morton ST. 11-24 WARD)

2-FULL NAME Lillie Walden

(a) RESIDENCE No 1444 Morton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Walden

6 DATE OF BIRTH (month, day, and year) June 26 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) at Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Louis Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Rachel Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Richard Walden

(Address) 1444 Morton St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopay or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton Coroner, M. D.

, 19 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL 10-10 1932

20 UNDERTAKER Henry Eastern

ADDRESS 916 Eutaw

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. Form A

E 83486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83486

CERTIFICATE OF DEATH

11-24 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 Dolphin St. 11 Ward)

Length of residence in city or town where death occurred 35 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgie White Medinger

(a) Residence: No. 309 Dolphin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of C. Wheatley Medinger

6. DATE OF BIRTH (month, day, year) Oct. 3, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME William F. P. White

14. BIRTHPLACE (city or town) (State or country) Thurmont Maryland

MOTHER

15. MAIDEN NAME Susie Linthicum

16. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

17. INFORMANT Mrs. Frank K. White
(Address) 309 Dolphin Street

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem Date 10/10 19 32

19. UNDERTAKER Henry H. Mears & Son
(Address) 803 N. Eutaw St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932 to Oct. 6, 1932

I last saw h[illegible] alive on Oct. 6, 1932 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis (Chronic)	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Eugene L. Passano M. D.

(Address) 514 Drury Lane

Spec. 6-9-19 H. P. Co.—1000 Blks.

Hayme T. Hager

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83487

E 83487

CERTIFICATE OF DEATH.

150

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO 3307 White Ave ST. 27-43 WARD

2-FULL NAME Hayme T. Hager

(a) RESIDENCE. NO. 3307 White Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lizzie P. Hager

6 DATE OF BIRTH (month, day, and year) Aug 9. 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Horse 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Cumberland

PARENTS

10 NAME OF FATHER: Conrad Zilch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Josephine Mahnen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Lizzie P. Hager
(Address) 3307 White Ave

15 Filed ——— 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 7 1932

17 I HEREBY CERTIFY, That I attended deceased from June 1932 to Oct 7 1932

that I last saw her alive on Oct 7 1932

and that death occurred, on the date stated above, at 9 A M.

The CAUSE OF DEATH* was as follows:

Pulmonary Carcinoma

Bronchial

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma metastasis to Sternum and (duration) yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? Date of 1930

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Lizzie P. Hager M. D.

19 (Address) 3307 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem | DATE OF BURIAL: Oct 10 1932

20 UNDERTAKER: Jos J Stanton | ADDRESS: 156 Eutaw

OCT 1932

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83488

E 83488

CERTIFICATE OF DEATH

V 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 N Fayette St., East Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie D Hanson

(a) Residence: No. 124 N Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August D Hanson

6. DATE OF BIRTH (month, day, year) May 18/65

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country)

FATHER

13. NAME Bernhardt Hoffman

14. BIRTHPLACE (city or town) Lumberg (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Miller

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Bernhardine Stow
(Address) 124 Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Oct 10 1932

19. UNDERTAKER Jos J Stewart Sons
(Address) 1506 E Fayette

20. FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to Oct 6 1932

I last saw h[illegible] alive on Oct 5 1932 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Mitral Regurgitation	
Other contributory causes of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) J Kent Tuttle, M. D.

(Address) 2236 Eutaw

Information should be carefully supplied. Avoid abbreviations. Write plainly with pen and ink. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250E

HEALTH DEPARTMENT—CITY OF BALTIMORE

83489 E 83489

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1261 N. Ellwood Ave St. 6-11 Ward)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara Connolly

(a) Residence: No. 1261 N. Ellwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND OF~~ (or) WIFE OF John Connolly

6. DATE OF BIRTH (month, day, year) Oct 19 1865

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	67	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Michael Walsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Hanna Devine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Peter Connolly
(Address) 1261 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date 10/10/1932

19. UNDERTAKER John A. Nolan
(Address) 3000 E. Baltimore St.

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/28/32, 19..., to 10/7/32, 19... I last saw her alive on 10/7/32, 19... death is said to have occurred on the date stated above, at 8a. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset .....
Arteriosclerosis .....
Arterial Hypertension .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Manuel L. Davidson, M. D.

(Address) 316 S. Patterson

Information should be carefully supplied. ... that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See Instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 83490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83490

CERTIFICATE OF DEATH

95-002

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 1507 Sycamore St. ST. 25-77 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Reuschling.

(a) RESIDENCE NO. 1507 Sycamore St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 50 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced: HUSBAND of ~~XXXXXXXX~~ WIFE of Catherine Reuschling.

6 DATE OF BIRTH (month, day, and year) July 5, 1853

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	4	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Louis Reuschling.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Catherine Reuschling. (wife)

(Address) 1507 Sycamore St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 7, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [signature], M. D. Coroner

10/8/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Cem

DATE OF BURIAL: 10/10 1932

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun & Hollins sts

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 83491 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83491

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 E. 32nd. St. St., 4-16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Irene Moorehead

(a) Residence: No. 1612 E. 32nd. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry P. Moorehead

6. DATE OF BIRTH (month, day, year) Feby 5.1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. B. Catrup

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry P. Moorehead
(Address) 1612 E. 32nd. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Oct10.1952

19. UNDERTAKER John O. Mitchell Sons
(Address) Ilyas Eutaw Place

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.8.1932 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Oct 7, 1932. I last saw her alive on Oct 7, 1932. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronoma of Uterus	Unknown

Other contributory causes of importance:

Name of operation Abd Radium Date of

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Carcinoma

(Signed) Wallace A Cox, M. D.

(Address) 632 Mechanics Bank Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

83492 T.—100 B—501.

E 83492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4 E. Preston ST. 12-14 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie H. Brooks

(a) RESIDENCE No. 4 E. Preston ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Harry L. Brooks

6 DATE OF BIRTH (month, day, and year): Sept 2. 1870

7 AGE — Years: 62 — Months: 1 — Days: 7 — If LESS than 1 day, hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Secretary
(b) General nature of industry, business, or establishment in which employed (or employer): Dr. Pickard
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John R. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Mary Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Dr. Pickard

(Address) 2925 N. Charles St

15 Filed ..... 192 .....

Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Angina Pectoris

(duration) ..... yrs. ..... mos. Five ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James H. Fenton, M. D. Coroner

Oct. 9. 1932 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cemetery — DATE OF BURIAL: Oct. 11 1932

20 UNDERTAKER: John O. Mitchell & Sons — ADDRESS: Mt. Washington

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

BARRATT

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83493

E 83493

CERTIFICATE OF DEATH

51 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolto city Hosp. Ward 13-52

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert E. Barratt

(a) Residence: No. 3515 Roland ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Barratt

6. DATE OF BIRTH (month, day, year) Feb 11 59

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cigar business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa.

FATHER

13. NAME Henry F Barratt

14. BIRTHPLACE (city or town) (State or country) London

MOTHER

15. MAIDEN NAME Mary Cahn

16. BIRTHPLACE (city or town) (State or country) Bagerstown Md

17. INFORMANT Edwin Norwood Kingsbury

(Address) 1235 Wellwood Pkwy

18. BURIAL, CREMATION, REMOVAL Oct. 11-1932

Place St Mary's Hamden

19. UNDERTAKER Horace E. Burgee

(Address) 3637 Falls Road

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/9/32, 19..., to 10/8, 1932

I last saw him alive on 10/8, 1932. Death is said to have occurred on the date stated above, at 1-45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	2 yrs.
Other contributory causes of importance:	
Post operative shock	12 hrs.

Name of operation Prostatectomy Date 10/7/32

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm. Power Solomon M. D.

(Address) Bolto City Hosp

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83494 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83494

CERTIFICATE OF DEATH

Registered No. ✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. 33rd St., 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME G. Henry Lucabaugh

(a) Residence: No. 614 N. 33rd St., 13 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15-1909

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Teller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Trust Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Theodore F. Lucabaugh

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lulu Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Theodore F. Lucabaugh

(Address) 614 N. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct. 12 1932

19. UNDERTAKER Horace F. Burgee

(Address) 3621 Falls Road

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1931 to Oct 8 1932

I last saw him alive on Oct 7 1931 Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug 1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur H. B... M. D.

(Address) 2020 N. Charles.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 83495 Co—250 Blks

E 83495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 613 Appleton St

CITY OF BALTIMORE: (No 613 Appleton St ST. 16-27 WARD)

2-FULL NAME Albert S. Bower

(a) RESIDENCE NO. 613 Appleton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 11 mos 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, ~~(write the word)~~: Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Edith M. Bower

6 DATE OF BIRTH (month, day, and year): Oct 27 1883

7 AGE — Years: 48 — Months: 11 — Days: 19 — If LESS than 1 day, ... hrs. or .... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer): ~~Fire~~ 071

(c) Name of employer: Home Fire Insurance

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Charles H. Bower

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Ida E. Wessel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Mrs Edith M. Bower
(Address): 613 N. Appleton St

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8th 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 27th, 1932, to October 8th, 1932

that I last saw ~~him~~ alive on October 8th, 1932

and that death occurred, on the date stated above, at 8-30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) H. L. Hammer M. D.

Oct 11 1932 (Address) 1924 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Oct 11 1932

20 UNDERTAKER: Jos Joerdens Son — ADDRESS: 2173 Pa

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 83496 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83496

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 16-68 1317

CITY OF BALTIMORE: (No. 2328 Arunah Avenue St. ... (Ward) ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Virginia Myers

(a) Residence: No. 2328 Arunah Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William H. Myers

6. DATE OF BIRTH (month, day, year): December 21, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Jefferson Maryland

FATHER

13. NAME: John Garrison Etchison

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Julia Cochran

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mr. Elmer W. Doty

(Address): 2328 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Jefferson Md. Date: Oct. 12 1932

19. UNDERTAKER: Joseph Cook

(Address): 1003 W. Baltimore St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 10 1932

22. I HEREBY CERTIFY, That I attended deceased from July 26 1932 to Oct 10 1932

I last saw her alive on Oct 1 1932. Death is said to have occurred on the date stated above, at 5.50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	

Other contributory causes of importance:

Chronic interstitial nephritis

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) I attended in life ... M. D.

(Address) 2945 St. Paul St.

Information should be carefully supplied. Age should be stated EXACTLY. Any statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83497 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83497

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Fair Ave St., 7 Ward)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fredericka Gennner

(a) Residence: No. 3701 Fair ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph L Gennner

6. DATE OF BIRTH (month, day, year) June 1 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Chas A Hartmann

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas H. Gennnard

(Address) 3701 Fair Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 12 1932

19. UNDERTAKER John Ulrich

(Address) 202 E Orleans

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1932 to Oct 8 1932

I last saw h. alive on Oct 8 1932. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward J. Engelman, M. D.

(Address) 350 S Fait Ave

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 83498

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83498

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH University Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... City ..... St., 4 30 Ward)

Length of residence in city or town where death occurred 9 yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Enos Fry

(a) Residence: No. 302 Germantown Road St., City Ward. Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Fry

6. DATE OF BIRTH (month, day, year) Jan 30 - 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	8 9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Edmund Fry
(Address) 302 Germantown Road

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Knoll Date Oct 11. 1932

19. UNDERTAKER John Leppich
(Address) 200 E Eleanor St

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 8 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-4 1932 to 10-8 1932

I last saw him alive on 10-8 1932 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Haemorrhage	9 days
Broncho Pneumonia	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J. Diver Moore, M. D.
(Address) University Hosp

information should be carefully supplied. AGE should be stated EXACTLY. Abbreviations must not be used. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—V&T—500 Blks.

E 83499

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83499

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 N. Mulberry WARD) 20-1-9

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Bosies

(a) RESIDENCE NO. 2817 N. Mulberry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 6 mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret H. Bosies

6 DATE OF BIRTH (month, day, and year): April 7-1894

7 AGE: 37 Years | 6 Months | — Days | If LESS than 1 day, hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Machinist

(b) General nature of industry, business, or establishment in which employed (or employer): Alms Mfg

(c) Name of employer: Co

9 BIRTHPLACE (City or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Bosies

11 BIRTHPLACE OF FATHER (City or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Christiana Kistmann

13 BIRTHPLACE OF MOTHER (City or town) (State or country): Germany

14 Informant: Margaret H. Bosies

(Address) 2817 N. Mulberry St

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/7/1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 5 1928 to Octob 7 1932, that I last saw h[illegible] alive on oct 6 1932, and that death occurred, on the date stated above, at 7.25 p m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary): Terminal Hypostatic Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph E Dickinson M. D.

Oct 9 1934 (Address) 3704 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 10/10/1934

UNDERTAKER: F B Wagner

ADDRESS: 1306 Eutaw Place

mation should be carefully supplied. AGE should be stated EXACTLY. If [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 200B

E 83500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83500

CERTIFICATE OF DEATH

172-32

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 12 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Master Robert Romm

(a) Residence: No. 2123 Christian St., Balto
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 25-1932

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Hunter F. Romm

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hunter F. Romm
(Address) 2122 Christian St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Oct 10 1932

19. UNDERTAKER George P. Lehnert
(Address) 2101 Frederick Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7-32 19

22. I HEREBY CERTIFY, That I attended deceased from 10-2-32, 19..., to 10-7, 1932

I last saw him alive on 10-7, 1932 death is said to have occurred on the date stated above, at 9 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Intussusception	
Other contributory causes of importance:	

Name of operation Laparotomy Date of 10-7-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Aloha H. Crowther, M. D.

(Address) Bon Secours Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give information in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

1-30—M. & T.—100 B—50L

Apreda

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 83501

83501

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 St Paul ST. 12-19 WARD)

2-FULL NAME Orlando Apreda

(a) RESIDENCE NO. 1811 St Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Dina Apreda

6 DATE OF BIRTH (month, day, and year) June 24 1889

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	43	3	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: musician
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Anthony Apreda

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Vincenza Lessa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Mrs Maria Apreda
(Address) 1929 W Baltimore St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton, M. D. Coroner

19 2 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Oct. 12 1932
20 UNDERTAKER	ADDRESS
George E. Lehnert	1011 Edmondson Ave

NENT RECORD. Every item of information should be entered EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 83502

E 83502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 S. Bond St., 3-4 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jennie Karnegay

(a) Residence: No. 103 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C

FATHER

13. NAME David Hudson

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Annie Addison

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Annie Brown

(Address) 103 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Auburn Date Oct 11, 1932

19. UNDERTAKER Fred White

(Address) 103 S. Wolfe St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased

If so, specify ...

(Signed) ... Coroner. M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 83503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83503

CERTIFICATE OF DEATH

43V

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St. 3-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Edward B. Espey

(a) Residence: No. 130 S. Exeter st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Ann Espey

6. DATE OF BIRTH (month, day, year) May 24, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician's helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John J.

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth A

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Bat Olivet Date Oct 12, 32

19. UNDERTAKER John F. Dennis

(Address) 715 Light St

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1932 to Oct. 9, 1932

I last saw him alive on Oct. 9, 1932. Death is said to have occurred on the date stated above, at 9.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Blastomycosis	June 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Green, M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-6

B 83504

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 83504

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3334 E Baltimore St. 26-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carson C Schaeffer Jr

(a) Residence: No. 3334 E Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Carson C Schaeffer

14. BIRTHPLACE (city or town) (State or country) Danville Va

MOTHER

15. MAIDEN NAME Beatrice E Frost

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Carson C Schaeffer

(Address) 3334 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 11 1932

19. UNDERTAKER John F Denny

(Address) 915 Lisbon St

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1932 to Oct 9 1932

I last saw h... alive on Oct 7 1932 Death is said to have occurred on the date stated above, at 7:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 6

Other contributory causes of importance:

Hypertension	Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. H. 1266-9

E 83505 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83505

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore, Md St., 17-23 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amy Annie Howard

(a) Residence: No. 1052 Myrtle Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Feb. 22, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) †

11. Total time (~~years~~) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodstock Howard Co. Md

FATHER

13. NAME Hugh Howard

14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Oct 10, 1932

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Schroeder St.

20. FILED .. 19.. .. ..
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-4 1932 to 10-7 1932

I last saw her alive on 10-7 1932. Death is said to have occurred on the date stated above, at 5 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	4-1-31

Other contributory causes of importance:

Acute Myocardial Insufficiency	10-2-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10-7 1932 (Signed) Thomas Wightkeys M. D.

(Address) Balto City Hospitals

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83506

CERTIFICATE OF DEATH

V 46 E 83506

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Fulton & Catherine St. (or Ward)

Registered No. 20570

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Leonard

(a) Residence: No. 509 Denison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Theodor Leonard

6. DATE OF BIRTH (month, day, year) Jan 20 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	8	20	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. A. Ebert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Bang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Oscar F. Leonard

(Address) 5300 Windsley Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 12 1932

19. UNDERTAKER H. Thielen & Sons

(Address) North Avenue

20. FILED . . 19 .

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, . 1932 to Oct. 9 . 1932

I last saw her alive on Oct. 9, . 1932 Death is said to have occurred on the date stated above, at 4:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - intestines - pleura organs - omentum	9/32

Other contributory causes of importance:

Name of operation Laparotomy Date of 9/12/32

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. F. Gordon . M. D.

(Address) St. Agnes Hospital

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83507

E 83507

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3719 Hillsdale Rd 20th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Lee Luttgerding

(a) Residence: No. 3719 Hillsdale Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Fannie E Luttgerding

6. DATE OF BIRTH (month, day, year) Feb. 17 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 4 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Henry C. Luttgerding

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret A Hayworth

16. BIRTHPLACE (city or town) (State or country) Ellicott City Md

17. INFORMANT Henry M. Luttgerding

(Address) 3719 Hillsdale Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Oct 10 1932

19. UNDERTAKER Wm J Pickrell & Sons

(Address) North & Paca sts

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1928 to Oct 8 1932

I last saw him alive on Oct 7, 1932. Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	Oct 8
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm E. Martin M. D.

(Address) Randallstown, Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E83508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E83508

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Womens Hospital St., 15-60 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abortion Dehaub

(a) Residence: No. 2815 Windsor Av St., - Ward. -
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 7-1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward A. Dehaub

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Annette E. Elderkin.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mother -

18. BURIAL, CREMATION, OR REMOVAL

Place Laboratory Carnegie Institute Date ..... 19...

19. UNDERTAKER (Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19.....; Death is said to have occurred on the date stated above, at 5.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous abortion at 5½ months of gestation. Not induced. Nonviable foetus	

Other contributory causes of importance: —

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) John G. Murray Jr. M. D.

(Address) 9 East Chase St.

Spec. 7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83509

CERTIFICATE OF DEATH

119 E 83509

REGISTERED NO.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 25-32 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucille Jackson

(a) RESIDENCE NO. 2410 Pacca St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): March 20. 1932

7 AGE: Years 0 Months 6 Days 17

IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Mt. Wenona, Md.

PARENTS

10 NAME OF FATHER: James Jackson

11 BIRTHPLACE OF FATHER (City or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Isabella Slaughter

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Norfolk Va

14 Informant: Isabella Jackson

(Address): 2410 Pacca st

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10 - 7 1932

17 I HEREBY CERTIFY, That I attended deceased from 9 - 29 - 1932, to 10 - 7 - 1932

that I last saw h.. alive on 10 - 7 - 1932

and that death occurred, on the date stated above, at 1 00 p m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Malnutrition

(duration) ..... yrs. mos 14 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Clarence McDonald M. D.

(Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem Oct 10. 1932

Date of Burial

20 UNDERTAKER: Joseph A. Lively

ADDRESS: 409 N Mount st

A&Co. 5-31 250B

E 83510 HEALTH DEPARTMENT—CITY OF BALTIMORE 83510

CERTIFICATE OF DEATH

26

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3503 Elm Ave St. 13-52 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cedazilla Hill Farr

(a) Residence: No. 3503 Elm Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Alfred Hill Farr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Hill Fisher

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Theonya Farr
(Address) 3503 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Druid Ridge Date Oct 11, 1932

19. UNDERTAKER Franklin H. Leak
(Address) 709 N. 33rd St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Several years Oct 8 1932 to ... 19... I last saw her alive on Oct 8 1932 death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
c Ch. Valvular Heart Disease of many yrs. duration.	

Other contributory causes of importance:
Sharp deformity of Chest due to L.S. Spine since 1887.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Edward H. Ross M. D.
(Address) 2020 N. Charles St.

Spec.—1-30—M. & T.—250 Bks.

E 83511

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83511

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 Bolton ST. 13-59 WARD)

2-FULL NAME George T. Dittus

(a) RESIDENCE No. 2118 Bolton ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret J. Dittus

6 DATE OF BIRTH (month, day and year) Dec 23 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Fred K. Dittus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Julia Amandetter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Margaret J. Dittus

(Address) 2118 Bolton St

15 Filed ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1929 to Sept 9 1932,

that I last saw him alive on Sept 8 1932,

and that death occurred, on the date stated above, at 5:45 a.m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Usual

(Signed) M. L. Ingram M. D.

19 (Address) 2439 N Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Oct. 11 1932
20 UNDERTAKER Josiah Syfer	ADDRESS 1600 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 83512 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83512

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St. 16-22 Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas B Yingling

(a) Residence: No. 1926 W. Lenrode St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Jan. 5 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Carroll Co, Md

FATHER

13. NAME Rodgers Yingling

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Sarah Hennetmen

16. BIRTHPLACE (city or town) (State or country) Carroll Co, Md

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19...

19. UNDERTAKER George Smith
(Address) 1830 Pennsylvania Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10. 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from 5 14 1932 to 10-8 1932

I last saw him alive on 10-8 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum left	5-1-32

Other contributory causes of importance:

Bronchopneumonia	10-1-32

Name of operation Coma Clinical Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

10-8-32 (Signed) Elmer Hightower M. D.

(Address) Balto City Hospitals

Spec.—9-30—A & Co—250 Blks

E 83513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83513

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 917 N. Gilmor ST. 16-22 WARD)

2-FULL NAME Marie Taylor

(a) RESIDENCE NO. 917 N. Gilmor ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ennis Taylor

6 DATE OF BIRTH (month, day, and year) March 18, 1904

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	6	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic Servis
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Phila. Pa.

PARENTS

10 NAME OF FATHER Martin Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Lula Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Lula Washington
(Address) 902 N. Arlington Ave.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8/32

17
I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 8, 1932
that I last saw her alive on Oct 7, 1932
and that death occurred, on the date stated above, at 12:25 a.m.

The CAUSE OF DEATH* was as follows:

1 Auto Toxemia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Tompkins M. D.

Oct 10 1932 (Address) 1012 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Oct. 10. 1932
20 UNDERTAKER	ADDRESS
Thomas E. Kelson	1303 Pressman St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 83514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83514

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Baltimore City Hospt

CITY OF BALTIMORE: (No. Baltimore Md. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Morris

(a) Residence: No. Unknown St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Balto City Hospts.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 11 1932

19. UNDERTAKER [illegible]

(Address)

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/8/32

22. I HEREBY CERTIFY, That I attended deceased from 4/7/30 to 10/8/32

I last saw him alive on 10/5/32 Death is said to have occurred on the date stated above, at 7:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	

Other contributory causes of importance:

Electric Infection

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Mary Gilpin M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

83515

HEALTH DEPARTMENT—CITY OF BALTIMORE 83515

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospt St. 8-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Bailey

(a) Residence: No. 1636 Ellamslie St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A. Bailey

6. DATE OF BIRTH (month, day, year) [illegible] 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savannah Ga

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary A. Bailey

(Address) 1636 Ellamslie St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemy Date Oct 11 1932

19. UNDERTAKER Mrs. Lyles Funeral Home

(Address) 1720 E. Madison St

20. FILED [illegible] 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 [illegible] to [illegible] 19 [illegible]

I last saw h[illegible] alive on [illegible] 19 [illegible] Death is said to have occurred on the date stated above, at 5 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Alcoholism	

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury [illegible] 19 [illegible]

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify [illegible]

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

INSTRUCTIONS—WRITE LEGIBLY WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 83516

E [redacted]16

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 83516

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1772 Montpelier St ST. 9-46 (WARD)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby La Batt

(a) RESIDENCE NO. 1772 Montpelier St ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or Divorced, (write the word)
male	white	single

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 8-1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	—	—	1 day	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ....—....

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Allan D. La Batt

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Michigan

12 MAIDEN NAME OF MOTHER Nano Liggins

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Washington D C

14 Informant Mr Allan La Batt
(Address) 1772 Montpelier St

15 Filed ....., 19 .. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-9-32

17

I HEREBY CERTIFY, That I attended deceased from 10-8, 1932 to 10-9, 1932

that I last saw him alive on 10-9, 1932

and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Fred Rueda, M. D.

10-9, 1932 (Address) 100 Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL ..... DATE OF BURIAL 19

20 UNDERTAKER ..... ADDRESS .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.--7-17-26--A Co.--200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

66-004 ✓

E 83517

CERTIFICATE OF DEATH

E 83517

1-PLACE OF DEATH

City of BALTIMORE: (No.) Provident Hosp. (St.) (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn mae Horsey

(a) RESIDENCE NO. 823 N. Mount St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced, (write the word): Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 6, 1932

7 AGE Years: Months: 3 Days: 1 IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer): Infant

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town) (State or country)

12 MAIDEN NAME OF MOTHER Isabel Horsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address)

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-7 1932

17 I HEREBY CERTIFY, That I attended deceased from 9-23, 1932, to 10-7, 1932

that I last saw h[illegible] alive on 10-7, 1932

and that death occurred, on the date stated above, at 10 [illegible] m.

The CAUSE OF DEATH* was as follows:

Tetany

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Body left for one dimension [illegible]

(duration) yrs. mos. ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm H McDonald M. D.

10-8 1932 (Address) Provident

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Jeff Med College — Date of Burial: Oct 10 1932

20 UNDERTAKER — ADDRESS

Commissioner Health.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

3 30

OCT 10 1932

7368

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83518

CERTIFICATE OF DEATH

E 83518

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) (Street) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Johnson

(a) Residence: No. 1300 Madison Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed or divorced HUSBAND (or) WIFE of Anna Johnson

6. DATE OF BIRTH (month, day, year) May. 20 - 1902

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
30	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edw county, Va.

FATHER

13. NAME Jacob Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Scott

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Anna Johnson

(Address) 1300 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Crossett Va Date Oct 11, 32

19. UNDERTAKER Samuel D. Reynolds

(Address) 578 N. Eden St.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1932, to October 7, 1932.

I last saw him alive on Oct. 4, 1932. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute mania	10 ds
due a general infection,	7 ds
Uremia	1 week

Other contributory causes of importance:

Nephritis, chronic	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marnie Somerville M. D.

(Address) Univ. Hosp.

INSTRUCTIONS: WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

X E 83519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83519

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 E. Chase St. 10-Ward

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Patrick Madigan

(a) Residence: No. 705 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Johanna Hartnett

6. DATE OF BIRTH (month, day, year) Nov. 1, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman of Q[illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction Penn.R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ----- (State or country) Ireland

FATHER

13. NAME James Madigan

14. BIRTHPLACE (city or town) ------- (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Howard

16. BIRTHPLACE (city or town) ------- (State or country) Ireland

17. INFORMANT Miss Margaret M. Madigan

(Address) 705 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 10/11 19 32

19. UNDERTAKER Henry W. Meads and Son

(Address) 805 N. Eutaw St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1932 to Oct 8 1932

I last saw him alive on Oct 8 1932 Death is said to have occurred on the date stated above, at 8 50 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage — Date of onset 10/5/32

Other contributory causes of importance:

Senile Arteriosclerosis — Years

Senile Pneumonia — 24 hrs

Name of operation — Date of —

What test confirmed diagnosis? Phys Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John T. Nevin M. D.

(Address) 804 Cathedral St

A4Co. 5-31 250B

XE 83520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83520

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 18-76 /31

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grant Palmer

(a) Residence: No. 754 Vine St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 14, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman U.S.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) Virginia

FATHER

13. NAME Granville Jackson

14. BIRTHPLACE (city or town) ..... (State or country) Virginia

MOTHER

15. MAIDEN NAME Priscilla Palmer

16. BIRTHPLACE (city or town) ..... (State or country) Virginia

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 11, 1932

19. UNDERTAKER Harry H Welsh
(Address) 4101 Edmondson Ave

20. FILED ....., 19..... P.C.N. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1931 to October 7, 1932

I last saw h[illegible] alive on October 7, 1932 death is said to have occurred on the date stated above, at 8:50 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prior to	
Valvular heart disease	2-21-31
Nephritis, chronic, interstitial	2-21-31
Other contributory causes of importance:	
Uremia, chronic	8-5-32

Name of operation -- Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) X H.C. Robb M. D.

(Address) U.S. Marine Hospital, Balto.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 8352 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 8352

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 N. Charles St. St. 12-19 Ward)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Vitale

(a) Residence: No. 1414 N. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sabato Vitale

6. DATE OF BIRTH (month, day, year) June 8th. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Carmen Guarino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Corsette

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Leo Vitale
(Address) 1414 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Oct. 12th 1932

19. UNDERTAKER Chas. B. Kraus & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9th. 1932

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1932, to October 9, 1932

I last saw her alive on Aug 24 1932 death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Oct 9/32
Chronic Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) V. W. Keown, M. D.

(Address) 1938 Linden Ave

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

E 83522

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83522

CERTIFICATE OF DEATH.

E 83522

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1145 W. Hamburg St. Ward 21-24

2 FULL NAME John William Lankau

(a) RESIDENCE NO. 1145 W. Hamburg St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos ds How long in U. S., if of foreign birth? yrs mos ds

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Pauline Lankau

6 DATE OF BIRTH (month, day, and year) Mar. 17, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer) pushing truck in stove factory

(c) Name of employer Std Gas Equipment Corp.

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER August Leopold Lankau

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Elizabeth Bonemann

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Mrs. Ida May Polsmidt 1145 W Hamburg St.

15 Filed ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 18th 1932 to Oct 8th 1932

That I last saw him alive on Oct 8th, 1932

and that death occurred, on the date stated above, at 3:22 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis, angina pectoris - cardiac insufficency following flow on chest in an accident (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) hypostatic pneumonia (duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) Geo A Knipp M. D.

19 (Address) 3230 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park — DATE OF BURIAL Oct 11 1932

20 UNDERTAKER Mr & Mrs. John W Templeton — ADDRESS 801 W Fayette

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83523

CERTIFICATE OF DEATH

E 83523

93-20

2-4

Registered No. ....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 S Ann St., 2-4 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Szocik

(a) Residence: No. 124 S Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Szocik

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Szocik

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Julia Smuk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Szocik
(Address) 124 S Ann St

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date Oct 11 1932

19. UNDERTAKER J W Rasenstus
(Address) 1430 E Eastern Ave

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 530 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Acute Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) D Norgent M. D.
Coroner

(Address) 3055 Fairmount Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83524

E 83524

CERTIFICATE OF DEATH

97

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 844 Harlem ave ST., 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Fleming

(a) RESIDENCE NO. 844 Harlem ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign Birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	colored	widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 10, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Miss Bertha Fleming

(Address) 844 Harlem ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9, 1932

17 I HEREBY CERTIFY, That I attended deceased from May 4, 1932, to Oct 9, 1932

that I last saw h alive on Oct 8 1932

and that death occurred, on the date stated above, at 5 45 a m.

The CAUSE OF DEATH* was as follows:

arterio-sclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Progressive heart failure

(duration) 0 yrs. 0 mos. 3 ds.

18 Where was disease contracted If not at home of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Edward Fisher M. D.

10-10-1932 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Oct 12 1932

20 UNDERTAKER Harry W. Grace & Son — ADDRESS 638 N. Gilmor

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

M. D. B. 1268-9

E 83525 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 83525

CERTIFICATE OF DEATH

X 122-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..yrs. ..mos. 4 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mrs. Estelle Dilworth
(a) Residence: No. Glen Arm, Md. St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Remington Dilworth

6. DATE OF BIRTH (month, day, year) Oct. 1 1872

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
60	—	10 9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 09
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Edward Cain
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Elizabeth Stockdale
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Remington Dilworth
(Address) Glen Arm Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Dunkirk Md. Date Oct 12 1932

19. UNDERTAKER Clarence E. Arthur
(Address) Fork Md.

20. FILED ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-6-, 1932 to 10-10-, 1932
I last saw her alive on Oct 10, 1932 Death is said to have occurred on the date stated above, at 3:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incarcerated umbilical hernia.	9-28-32
Other contributory causes of importance: Bronchial pneumonia	9-9-32

Name of operation Herniotomy Date 10-7-32 Simplasty - 10-7-32
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify
(Signed) C. R. Ahrens, Jr. M. D.
(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks

E 83526 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 83526**

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 Division ST. 14-20 WARD

2-FULL NAME Mary V. Jones

(a) RESIDENCE NO. 1612 Division ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of William Jones

6 DATE OF BIRTH (month, day, and year) Feb 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None 039

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Samuel Ford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Charles Ford

(Address) 1902 Druid Hill Ave

15 Filed 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 8. 1932

17 I HEREBY CERTIFY, That I attended deceased from July 2 1932 to Oct. 8 1932

that I last saw h— alive on Oct 8 1932

and that death occurred, on the date stated above, at 7:25 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

Duration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinary Examination

(Signed) Geo. H. Holland M. D.

Oct 10. 1932 (Address) 1534 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel

DATE OF BURIAL 10/11/1932

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC... TION is very important. See instructions on back of certificates.

Spec. 7-17-26—A Co.—200 Blks.

E 83527 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 83527**

CERTIFICATE OF DEATH

131

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No.) Provident Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nettie Gilbert

(a) RESIDENCE NO. 309 Presstman St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 Color or Race: Cl

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Geo. D.

6 DATE OF BIRTH (month, day, and year): 1872

7 AGE — Years: 60 — Months — Days — IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: John A. Murphy

11 BIRTHPLACE OF FATHER (City or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Martha E. Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Frances Murphy

(Address): 309 Presstman

15 Filed Oct 10 1932 19 Registrar RPH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 8 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1932, to Oct 8, 1932, that I last saw h alive on Oct 8, 1932, and that death occurred, on the date stated above, at 1:29 a m.

The CAUSE OF DEATH* was as follows:

Cardio Renal

Vascular Disease

Hyperglycemia (duration) Indefinite yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Decompensation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Autopsy

(Signed) B Harris, M. D.

10/8, 1932 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — Date of Burial: 10/11/1932

20 UNDERTAKER: Mrs. Geo. H. Holland — ADDRESS: 1631 Druid Hill

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

83528

CERTIFICATE OF DEATH

23 E 83528

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-34 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis Jones

(a) Residence: No. 1534 McCulloh st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafeteria 046

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Westley Jones

14. BIRTHPLACE (city or town) (State or country) Virginia ?

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Balto. ? Maryland

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/11/32

19. UNDERTAKER Mrs. Geo. H. Follmer

(Address) 1631 Druid Hill Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2 1932 to Oct. 9 1932

I last saw him alive on Oct. 9 1932. Death is said to have occurred on the date stated above, at 3.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Jeans M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83529

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Wylie Ave St. 27-56 Ward 162)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nicholas Whitty

(a) Residence: No. 3016 Wylie Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L. Whitty

6. DATE OF BIRTH (month, day, year) May 9, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Whitty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia White

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary L. Whitty
(Address) 3016 Wylie Ave

18. BURIAL, CREMATION, OR REMOVAL Catonsville Md
Place St Charles Date Oct 14, 1932

19. UNDERTAKER Wallings Cook
(Address) 1217 Edmondson Ave

20. FILED ..., 19... RKB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Oct 7, 1932

I last saw h[illegible] alive on Oct 6, 1932. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility,	

Other contributory causes of importance:

Carcinoma	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Charles E. Mills M. D.

(Address) 276 Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83580 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83530

CERTIFICATE OF DEATH

53

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 410 Venable Ave (Ward) 9-47

Length of residence in city or town where death occurred: Life yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Henry Keller

(3) Residence: No. 410 Venable Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE of~~) Mary E. Keller

6. DATE OF BIRTH (month, day, year) Dec 10th 1846

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
85	10	1 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. R. & Electric Co

10. Date deceased last worked at this occupation (month and year) Apr 1931

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John Keller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charlotte Keller

(Address) 410 Venable Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fremount Date 10/11 1932

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED ____ ____, 19____ WPH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from about 1 Jan 19__ to Oct 5 1932

I last saw him alive on Oct 8 1932 Death is said to have occurred on the date stated above, at 5-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Cancer	

Other contributory causes of importance:

Name of operation none Date of ____

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) H. E. Grantes M. D.

(Address) 634 Gorsuch Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

E 83531 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83531

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4936 Reisterstown Rd St. (Ward) 7 56

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Etta Zerrlaut

(If) Residence: No. 4936 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~
~~HUSBAND~~ (or) WIFE of Frederick E. Zerrlaut

6. DATE OF BIRTH (month, day, year) Feb 27th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frederick E. Zerrlaut
(Address) 4936 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 11th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1932 to Oct 9 1932

I last saw h alive on Oct 9 1932 Death is said to have occurred on the date stated above, at 7.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Both Kidneys Metastases.	2 yrs.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Ashman M. D.

(Address) 1919 W. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83532 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83532

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp. St. 27-43 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John L. Jenkins

(a) Residence: No. 2901 Louise Av St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Molly A. Jenkins

6. DATE OF BIRTH (month, day, year) Mar 16th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired B & O R R Co

10. Date deceased last worked at this occupation (month and year) 1883

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Frederick F. Pfeiffer
(Address) 2901 Louise Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 10/11/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1932, to Oct 8, 1932, 19....
I last saw him alive on Oct 8, 1932. Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema.	
Diabetes Mellitus	

Other contributory causes of importance:

Generalized Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify .....

(Signed) R. F. Haines, M. D.

(Address) St. Josephs Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83533

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83533

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Homewood Apartments St. 17-50 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William M. Winks

(a) Residence: No. Homewood Apts. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Strobel

6. DATE OF BIRTH (month, day, year) Nov 5, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME John H. Winks

14. BIRTHPLACE (city or town) Harford Co (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Moss.

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mr. Peyton B. Strobel

(Address) 5717 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Oct. 11, 1932

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9/32

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1932 to Oct 9 1932

I last saw h[illegible] alive on Oct 8 1932 Death is said to have occurred on the date stated above, at 5a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	6 mos
Uremia	1 week

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83534 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 83534

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1004 McCulloh St., (Ward) 11-24

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Hearn Simmon

(a) Residence: No. 1004 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fml

4. Color or Race: Col

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robt Simmon

6. DATE OF BIRTH (month, day, year): 1894

7. AGE: Years 38 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Abraham Delaware

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Hattie Gleaves

16. BIRTHPLACE (city or town) (State or country): Annapolis Md

17. INFORMANT (Address): Hattie Gleaves 824 N. Dorcas

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date Oct 11 1932

19. UNDERTAKER (Address): Archibald A. Gaddis 1515 McCulloh St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Sudden

Date of Onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H Leach Coroner, M. D.

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83535

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83535

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Louise De Walt

(a) Residence: No. 1518 Orleans St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 11 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wilhelm Jehnert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Wemer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Church Home & Infirmary
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bally. Cem'y Date Oct 11 1932

19. UNDERTAKER J. Boyce Morgan
(Address) 1300 E. Baltimore.

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1932 to Oct 9 1932

I last saw her alive on Oct 9 1932. Death is said to have occurred on the date stated above, at 4:42 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute intestinal obstruction.	Oct 6
Circulatory failure following operation	Oct 9

Other contributory causes of importance:

Name of operation Laparotomy Date of Oct 8 1932

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd A. Hoffman, M. D.

(Address) Church Home & Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 83536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83536

CERTIFICATE OF DEATH

X 142

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 69 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie M. Cloud

(a) Residence: No. 156 Kingston Park, St., Middle River, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. A. Cloud

6. DATE OF BIRTH (month, day, year) Jun 16, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City, Md.

FATHER

13. NAME Elias Pitipau

14. BIRTHPLACE (city or town) (State or country) Nova Scotia, Can

MOTHER

15. MAIDEN NAME Catherine McCann

16. BIRTHPLACE (city or town) (State or country) Balto. City, Md.

17. INFORMANT Wm. A. Cloud

(Address) 156 Kingston Ave, Md.

18. BURIAL, CREMATION, OR REMOVAL

(Place) London Park Date 10/11 ..., 19 32

19. UNDERTAKER J. J. Myers

(Address) 1300 E. Baltimore

20. FILED ..., 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Toxemia-Puerpal Eclampsia — Date of onset

Other contributory causes of importance:

3 Mons pregnancy - Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ... River

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Owens, M. D.

Coroner

(Address) 500 E. Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83537

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83537

CERTIFICATE OF DEATH

X V 87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 N Fulton Ave St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Gertrude Fitzpatrick

(a) Residence: No. 105 N Fulton Ave St., 12 Ward Forth Branch, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of Michl J Fitzpatrick

6. DATE OF BIRTH (month, day, year) Apl 2. 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Bushy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rose Worthington

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emily Blum

(Address) 105 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Oct 12th 1932

19. UNDERTAKER Charles F Towell

(Address) 2904 Edmondson Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3rd 1932 to Oct 9th 1932

I last saw her alive on Oct 8th 1932 Death is said to have occurred on the date stated above, at 9.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct 2
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm E. Martin M. D.

(Address) Randalletown, Md

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83538 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83538

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 876 Washington Blvd 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George W. Fellers

(a) Residence: No. 876 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emily Robnett Fellers

6. DATE OF BIRTH (month, day, year) Apr 11th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

FATHER

13. NAME Benj F. Fellers

14. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va

MOTHER

15. MAIDEN NAME Betty Hess.

16. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va

17. INFORMANT Mrs Emily Fellers

(Address) 876 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 10/12 1932

19. UNDERTAKER John F Cowan & Son

(Address) 901 Gallows St.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Oct 9, 1932

I last saw h[illegible] alive on Oct 9, 1932 Death is said to have occurred on the date stated above, at 2 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	10/7/32
Other contributory causes of importance:	
Cont. to Hemorrhage	8/1/32

Name of operation none Date of —

What test confirmed diagnosis? Yes / Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Jonas Horkan M. D.

10/11/32 (Address) 332 N Lorraine St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-31—M&S—1500 Bks.

E 83539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83539

CERTIFICATE OF DEATH.

1085

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 804 Carrollton Ave ST. 16-23 WARD

2-FULL NAME Robert E Lawson

(a) RESIDENCE NO. 804 Carrollton Ave ST., ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 14, 1912

7 AGE: 20 Years 5 Months 25 Days — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Waiter
(b) General nature of industry, business, or establishment in which employed (or employer): Cooking
(c) Name of employer: R. Gordon

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER: John R Gordon

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Rosa Fontelroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Elizabeth Griffin Sister
(Address): 804 Carrollton Ave

15 Filed ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 9 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932, to Oct 9, 1932, that I last saw h alive on Oct 8, 1932, and that death occurred, on the date stated above, at 7 17 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) 0 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas E Stewart M. D.

Oct 10 1932 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hazel, Westmoreland Co. Va

DATE OF BURIAL: Oct 12, 1932

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 3224 Schroeder St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

M. D. B. 1268-9

E 83540 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83540

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., ... Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Riley Hester

(a) Residence: No. 1513 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) [illegible] 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	22	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rock Cordova

FATHER

13. NAME Wm. H. Hester

14. BIRTHPLACE (city or town) (State or country) N.C

MOTHER

15. MAIDEN NAME Caroline Harris

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Wm. H. Hester
(Address) Raford N. C.

18. BURIAL, CREMATION, OR REMOVAL
Place Raford, N. C. Date 10-11-, 1932

19. UNDERTAKER Byron & Manis Wright
(Address) 1218 McElderry St

20. FILED ....., 19.... [illegible] 31
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1932 to 10-9, 1932

I last saw h[illegible] alive on 10-9, 1932 Death is said to have occurred on the date stated above, at 8 50 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Inguinal Hernia	7 wks
Other contributory causes of importance:	
Pulmonary Embolism	10-8-32

Name of operation Hernioplasty Date of 9/29/32

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Bernard Glaser M. D.

(Address) President Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Bks.

E 83541

E 83541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 26 So. Haro ST 1-2 WARD)

2 FULL NAME FRANK DOMINIAK,

(a) RESIDENCE NO 26 So. Haro ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) XXXXXX Mary Dominiak,

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Day laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Mary Dominiak

(Address): 26 So. Haro St.

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 9. 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept 1, 19 32, to Oct 9, 19 32

that I last saw him alive on Oct 9, 19 32

and that death occurred, on the date stated above, at 10 15 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac Dropsy

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William Rosanelli M. D.

Oct 10 32 (Address) 826 Kenwood

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus.	Oct. 13 - 1932.
20 UNDERTAKER	ADDRESS
M. F. Sadowski.,	1740 Eastern Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

83542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83542

CERTIFICATE OF DEATH

59 V

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Sts.) (Ward) 25-27

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Maria Jurak

(a) Residence: No. 4415 Fairhaven Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rudolph

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Josef Panek

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Rudolf Jurak

(Address) 4415 Fairhaven ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date October 12 1932

19. UNDERTAKER John J. Duda

(Address) 201 Hudson St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-9 1932 to 10-10 1932

I last saw her alive on 10 10 1932. Death is said to have occurred on the date stated above, at 3 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus with Coma	?

Other contributory causes of importance:

multiple Embolic necrosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no ..... If so, specify .....

(Signed) W. A. Van Ormer, M. D.

(Address) St Agnes Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

83543

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83543

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 6223 Brown ave ST. 26-37 WARD)

2-FULL NAME Bernard Clinton Mc Intee

(a) RESIDENCE. No. 6223 Brown ave ST. WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Feb 1, 1922

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	8	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Woodlawn, Pa.
(State or country)

PARENTS

10 NAME OF FATHER Patrick Mc Intee

11 BIRTHPLACE OF FATHER (city or town) Scotdale, Pa.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Clinton

13 BIRTHPLACE OF MOTHER (city or town) Pittsburg Pa.
(State or country)

14 Informant Mrs. Patrick Mc Intee
(Address) 6223 Brown ave. Balto Md

15 Filed ..... 19 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1932

17 I HEREBY CERTIFY, That I attended deceased from July 4, 1926 to Oct 10, 1932

that I last saw him alive on Oct 9, 1932

and that death occurred, on the date stated above, at 7:00 A.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis, Valvular disease

(duration) 5 yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary) None (duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Chas. T. Reier M. D.

Oct 10 1932 (Address) 2 Kinship Rd., Dundalk Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cemetery

DATE OF BURIAL 10/12/32

20 UNDERTAKER Libby & Zeller Inc.

ADDRESS [illegible]

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 83544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83544

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Bank St St. 3-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Harryman

(a) Residence: No. 1411 Bank St St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male.	white.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mana Harryman

6. DATE OF BIRTH (month, day, year) July 31, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59.	3 m	20 d	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer for B&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas H. Harryman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary P. Bailey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mana S. Harryman
(Address) 1411 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Date Oct. 13, 1932

19. UNDERTAKER Wendell D. Lippard
(Address) 300 N. Eden St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1930. to Oct. 10. 1932

I last saw h... alive on Oct. 8 1932 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1928

Other contributory causes of importance:

Apoplexy Hemiplegia	1 day " "

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) H. G. Bean M. D.

(Address) 176 Calhoun St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83545

CERTIFICATE OF DEATH

115-001 E 83545

Registered No. 70-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Monroe St., Ward)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Rebecca Jackson

(a) Residence: No. 423 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William G. Jackson

6. DATE OF BIRTH (month, day, year) Dec. 12, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Relay Maryland

FATHER

13. NAME George Ennis

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME --------

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Miss Ella V. Jackson

(Address) 423 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 10/12 1932

19. UNDERTAKER Henry U. Mears & Son

(Address) 202 N. Eutaw St.

20. FILED 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to Oct 8 1932

I last saw her alive on Oct 7 1932 Death is said to have occurred on the date stated above, at a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis multiple	3 yrs
Other contributory causes of importance: Tonsilitis and Bronchitis	4 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ✓

(Signed) Chas F Black, M. D.

(Address) 20 E Preston

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83546

CERTIFICATE OF DEATH

93 E 83546

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 36-37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaiah Braxton

(a) Residence: No. Inmate Baptist Asylum St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place buried Oct Date Oct 7 . 19 32

19. UNDERTAKER
(Address)

20. FILED . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 6 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... . 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... Coroner . M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 7-17-26 A Co. 200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83547

CERTIFICATE OF DEATH

10-7-01 E 83547

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Provident Hospital St. 425 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Washington

(a) RESIDENCE NO. 664 N. Carey St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1883

7 AGE Years: 39 Months: Days: IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (City or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant
(Address)

15 Filed . . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and yrar) 19 32
10-4

17 I HEREBY CERTIFY, That I attended deceased from 9-14, 19 32, to 10-4, 19 32,
that I last saw h. alive on 10-4, 19 32,
and that death occurrrd, on the date stated above, at 12 45 P m.
The CAUSE OF DEATH* was as follows:
Broncho Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) General Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease rontracted
if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) George M. Dorsch M. D.
10-5, 19 32 (Address) Provident Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of md — Date of Burial: Oct 11 19 32

20 UNDERTAKER — ADDRESS

1932 Transfer to Williamsport 7570

DEPARTMENT OF HEALTH

Be PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Washington

(a) Residence: No. 664 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col'd

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: about 38 | Months: | Days: | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Provident Hosp Reach

17. INFORMANT (Address):

18. BURIAL, CREMATION, OR REMOVAL

Place Date . 19

19. UNDERTAKER (Address):

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Feb 24 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on Feb 24. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronch. Pneumonia	18 days

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lee Cornish Coroner . M. D.

(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83548

CERTIFICATE OF DEATH

E 83548

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Declared dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3-5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Moses Wickes

(a) Residence: No. 120 S. Eden St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	??????

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown (Relatives in Fla-Police)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Eastern Police Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place ... Date ... 19

19. UNDERTAKER
(Address)

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sep 16/3[illegible] 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Failure — Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jos. H. Beeuwkes, M. D. Coroner

(Address) 706 E. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

M

June 12

E 83549

CERTIFICATE OF DEATH

207

E 83549

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 350 ft. West of Bush ST. 21-28 WARD)

2-FULL NAME Unidentified White Male

(a) RESIDENCE NO Unknown ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ? ? ?

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
About 40	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer — 087

9 BIRTHPLACE (city or town) (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Northwestern Police Sta

(Address) Calhoun & Pratt Sts.

15 Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 22, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Possibly Accidental
Struck by Railroad-train

immediately (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Guy A. Cromwell M. D. Coroner

10/6 1932 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Potter's Cemetery

DATE OF BURIAL Oct 11 19 32

20 UNDERTAKER Commissioner Health

ADDRESS

Investigator Williams N.

Sept 23 1932

MORGUE

Sept 23

MATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—501.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83550

CERTIFICATE OF DEATH

117-002

E 83550

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 4-6 (WARD)

2-FULL NAME Frank Allston

(a) RESIDENCE NO. 2 S. Frederick ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single ?

5a If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) Sept 20 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer at
(b) General nature of industry, business, or establishment in which employed (or employer) Common
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Chicago ?

PARENTS

10 NAME OF FATHER ~~to~~ Allston

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

14 Informant .....

(Address) .....

15 Filed ..... , 192 ..... Registrar

THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 20 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Peritonitis
Duodenum ?

CONTRIBUTORY (Secondary) General Pensions (duration) yrs. mos. 30 ds.

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? 2 S Frederick St.

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James M Fenton, M. D. Coroner

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Public Cemetery	Oct 19 19
20 UNDERTAKER	ADDRESS
Comm. Health	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 83551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

VE 83551

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found floating Harbor 1832

CITY OF BALTIMORE: (No. Pier 1 Brett ST., 46 WARD)

2-FULL NAME unknown Unknown

(a) RESIDENCE NO ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Unknown

9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town)
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant .....
(Address) .....

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Accidental Drowning

..... (duration) ..... yrs. ..... mos. Sudden ds.

CONTRIBUTORY (Secondary)
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ..... no ..... Did an operation precede death? ..... no ..... Date of .....
Was there an autopsy? ..... no ..... What test confirmed diagnosis? ..... Clinical

(Signed) James M Fenton, M. D. Coroner
Sept 27 1932 (Address) 7006 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
Dulaney Cemetery	Oct 1 32
20 UNDERTAKER Herrington Funeral Home	ADDRESS Commissioner Health.

OCT 1 1932
THE MORGUE

REV. WM. E. WOODALL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83552 E 83552

CERTIFICATE OF DEATH

Registered No. 126

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hosp. 13 - Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank A. Johnson

(a) Residence: No. 606 Graycoke Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Mary A. Johnson

6. DATE OF BIRTH (month, day, year) Apl. 6 - 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Meter Installation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Meters

10. Date deceased last worked at this occupation (month and year) 9-6

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mobile Alabama

FATHER

13. NAME Frank A. Johnson

14. BIRTHPLACE (city or town) (State or country) Raleigh N. C.

MOTHER

15. MAIDEN NAME Olympia Russell

16. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

17. INFORMANT Mrs. Mary Johnson

(Address) 606 Graycoke Ave

18. BURIAL, CREMATION, OR REMOVAL

Place MANASQUAN, N.J. Date Oct 17 19 32

19. UNDERTAKER Myers & Son Inc

(Address) 4 W. Broadway

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10- 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-2- 1932 to 10-10- 1932

I last saw him alive on 10-10- 1932 Death is said to have occurred on the date stated above, at 12:5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis, Cholelithiasis	3 yrs
Other contributory causes of importance:	
Acute Pancreatitis	5 days

Name of operation Cholecystectomy Date of 10-3-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. Webber Young M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

M. D. B. 1268-9

Dr Cromwell 201 Patapsco Ave Cpstr 0746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83553

CERTIFICATE OF DEATH

163 E 83553

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) London Park Cemetery (St.) 90-71 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Wm Kondner

(a) Residence: No. 318 S. London Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~Not Wife of~~ Susan M. Kondner

6. DATE OF BIRTH (month, day, year) Mar 17th 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electro-Plater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Frederick Kondner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Duckman

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Susan M. Kondner

(Address) 318 S. London Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 10/12/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1932 to Oct 10th, 1932

I last saw him alive on Oct. 10th, 1932 Death is said to have occurred on the date stated above, at night of 9

The principal cause of death and related causes of importance were as follows:

Suicide — Probably from cyanide of potassium. — Date of onset

Other contributory causes of importance:

No others except possibly blow on head causing scalp wound.

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Oct 9th 1932

Where did injury occur? Suicide in above Cemetery. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place as stated

Manner of injury Suicide (Scalp wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Guy H. Cromwell, M. D.

Coroner

(Address) 201 Patapsco Ave. Brooklyn

OCCUPATION is very important. See instructions on back of certificate. Exact statement in plain terms, so that it may be properly classified.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83554

CERTIFICATE OF DEATH

E 83554

93-004 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 N. Montford Ave St., 8-16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Prinz

(a) Residence: No. 1610 N. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta Prinz

6. DATE OF BIRTH (month, day, year) Sep 25/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Hartman Prinz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Knote

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Augusta Prinz
(Address) 1610 Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Oct 18, 1932

19. UNDERTAKER Mrs. Geo. Gelbert Sons
(Address) 2364 Gay St.

20. FILED Oct 18, 1932 A. A. W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.50 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Arteriosclerosis

Name of operation... Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify...

(Signed) H. B. Weaver Coroner, M. D.
(Address) 508 E. Fayette St.

Exact statement of DISEASE OR DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83555

CERTIFICATE OF DEATH

46 E 83555

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 E. Balto. St., 6-10 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Katie Gross

(a) Residence: No. 2608 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Gross

6. DATE OF BIRTH (month, day, year): Feb. 28, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Henry Gross

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Michal H. Gross
(Address) 2608 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Oct. 14 1932

19. UNDERTAKER: Wm C. Matherson
(Address) 1417 Jefferson St.

20. FILED ... 19... R. P. W. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1932 to Oct. 11, 1932
I last saw h... alive on Oct 9, 1932 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	
Other contributory causes of importance:	
Myocarditis (Chronic)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Pessagno M. D.

(Address) 674 Druid Lane

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83556

CERTIFICATE OF DEATH

23 E 83556

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-11 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME 2829 Geo. H. Cleveland

(a) Residence: No. 2829 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen E. Cleveland

6. DATE OF BIRTH (month, day, year) Aug 20/1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Liquor Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mobile, Ala.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Mobile Ala.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Mobile, Ala.

17. INFORMANT Hick Ryan

(Address) 2340 Harford Ave.

18. BURIAL, CREMATION OR REMOVAL

Place Mobile Ala. Date Oct. 12 1932

19. UNDERTAKER Jno. F. Valentine

(Address) 2326 Eaton St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 8.02 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Oct 9-1
Probably Tuberculosis	
Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. L. Bayless M. D.
(Coroner)

(Address) 708 E. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83557 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83557

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Myrtle Ave Ward) Life 11-24

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Briscoe

(a) Residence: No. 1213 Myrtle Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write this word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ella Briscoe

6. DATE OF BIRTH (month, day, year): 1843

7. AGE: Years: 89 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 018

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Elizabeth Briscoe

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ella Leonard Briscoe

(Address) 1213 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL: National Cem. Date: Oct 12 32

19. UNDERTAKER: Samuel Hemsley

(Address) 518 N Bond St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1932 to Oct 9th 1932

I last saw him alive on Oct 5 1932 Death is said to have occurred on the date stated above, at 6-15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cer + Malabar	
Heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. B. Leonard M. D.

(Address) 1213 Myrtle Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

83558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83558

CERTIFICATE OF DEATH

Duplicate

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 Watson St. 9-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. .. mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Sadie Mathews

(a) Residence: No. 1115 Watson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Mathews

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
47	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) [illegible]

FATHER

13. NAME unknow

14. BIRTHPLACE (city or town) (State or country) unknow.

MOTHER

15. MAIDEN NAME unknow.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT John. Mathews
(Address) 1115 Watson St

18. BURIAL, CREMATION, OR REMOVAL
Place John Cement Date Oct 12, 1932

19. UNDERTAKER Edward Bryan
(Address) 16 N Collean St

20. FILED Oct 13, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B F Morgan M.D.
Coroner

(Address) 1305 Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83559 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83559

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 E Biddle St. 9-18 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances M. Fischer

(a) Residence: No. 732 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of John H. Fischer

6. DATE OF BIRTH (month, day, year) June 26 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	14/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank A. Stuart

14. BIRTHPLACE (city or town) (State or country) York Penna

MOTHER

15. MAIDEN NAME Jane Taylor

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John H. Fischer

(Address) 732 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 13 1932

19. UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/20 1932 to 10/11 1932

I last saw her alive on Oct 11 1932 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia	

Other contributory causes of importance:

Chronic myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Adolph Weinstein M. D.

10/11/32 (Address) 733 Aisquith St

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 83560 ✓ E 83560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 N. Bentalou ST. 20-69 (WARD)

2-FULL NAME William C. Schroeder

(a) RESIDENCE NO 104 N. Bentalou ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Cora Schroeder

6 DATE OF BIRTH (month, day, and year) Jan. 5th 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	9	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Lathing
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Wernada Schroeder

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Cora Schroeder

(Address) 104 N. Bentalou St.

15 Filed OCT 1 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) immediately yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy L. Cromwell, M. D. Coroner

10/11 1932 (Address) 243 Lafayette Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL U. S. National Cem

DATE OF BURIAL Oct 13th 1932

20 UNDERTAKER A. Jones

ADDRESS W. S. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Age should be stated EXACTLY. PHYSICIANS should state

1-30—M & T—100 B—50L

E 83561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83561

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1011 Wagon Alley (ST.) 18-7th (WARD)

2-FULL NAME Willis Holland

(a) RESIDENCE NO. 1011 Wagon Alley ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie Holland

6 DATE OF BIRTH (month, day, and year) March 25 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	6	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) Stevedore
(c) Name of employer Georgia transfer Co.

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Arthur Holland

(Address) 1011 Wagon Alley

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) Suddenly yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy M. Cromwell M. D. Coroner

10/0, 19 33 (Address) 303 Patapsco Ave. Balto Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem | DATE OF BURIAL Oct 12th 1932

20 UNDERTAKER A. Jones | ADDRESS, 1N S. Gilmor st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

83562

HEALTH DEPARTMENT—CITY OF BALTIMORE 83562

CERTIFICATE OF DEATH

172-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 26-41 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Diem

(a) Residence: No. 4801 Calumet Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Albert Diem

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Ruth Stark

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Albert Diem
(Address) 4801 Calumet Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Date Oct 12 '32

19. UNDERTAKER for J. Fenton Hannan
(Address) 1516 N. Linwood Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intususception	36 hrs
(Small into large intestine)	
Other contributory causes of importance:	

Name of operation yes Date of Oct 10/32

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) O. H. Cairns, M. D.
Coroner

(Address) 5006 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83563

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83563

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 N. Milwood Ave St. 6-11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Lunz

(a) Residence: No. 302 N. Milwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lunz

6. DATE OF BIRTH (month, day, year) May 14, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Nicholas Lunz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Annie McNamara
(Address) 302 N. Milwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Oct. 13 19 32

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2032 E. Lanvale St.

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Chr. Myocarditis	yrs.	?
Arteriosclerosis	"	?

Other contributory causes of importance: Fracture of neck rt femur Jul 12/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ... 19 ...

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury fell descending stairs

Nature of injury from 2nd floor

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) F. K. Hasse, M. D.
Coroner

(Address) 208 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250R

E 83564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83564

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 W. Madison St. 11-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johann Elizabeth Eden

(a) Residence: No. Shirley Hotel, 205 W. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James A. Eden

6. DATE OF BIRTH (month, day, year) October 21, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Xenia Ohio

MOTHER FATHER

13. NAME Livesay Hogue

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Johann E. (Unknown)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. M.F. Kemp van Ee
(Address) 101 W. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date Oct. 12 1932

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct - 7 1932 to Oct - 11 1932

I last saw h[er] alive on Oct. 11 1932 death is said to have occurred on the date stated above, at 4-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	10/7/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) M. Tilson Porter M. D.

(Address) 4822 Roland Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

A4Co. 5-31 250B

E 83565 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83565

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Kenwood Ave Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Lillian D. Harper

(a) Residence: No. 126 N. Kenwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): April 27, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	5	13 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child & School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John P. Harper

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Minnie D. Lehneis

16. BIRTHPLACE (city or town) (State or country): N. J.

17. INFORMANT: Mr. John P. Harper
(Address) 126 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Oct 14 1932

19. UNDERTAKER: John A. Noan
(Address) 3000 E. Balto. St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 32, 1932, to Oct. 10/32 19...

I last saw her alive on Oct. 10/32 19... death is said to have occurred on the date stated above, at 11 25 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary oedema. 6 hours.	
Other contributory causes of importance: Endocarditis 6 months ?	

Name of operation None. Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NONE. Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) B V Kelly, M. D.

(Address) 100 E Linwood Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AaCo. 5-31 250B

83566

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83566

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3902 Ridgewood ave (St.) (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L. Hardisty

(a) Residence: No. 3902 Ridgewood ave St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of: Maude E. Hardisty

6. DATE OF BIRTH (month, day, year): Apr 5 1858

7. AGE: Years: 74 | Months: 6 | Days: 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Edward Hardisty

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Montague

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Richard L. Hardisty 3902 Ridgewood ave

18. BURIAL, CREMATION, OR REMOVAL. Place: Union Chapel Date: Oct 13 1932

19. UNDERTAKER (Address): John A. Morgan 3000 E. Baltimore

20. FILED ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30th 1932 to Oct. 9th 1932

last saw him alive on Oct. 9th 1932 death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	9th Oct 32
& Pulmonary Congestion	10/5/32

Other contributory causes of importance:

Arteriosclerosis - senility	2 years
& Diabetes Mellitus	4 years

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Boulton M. D.

(Address) 3909 Gamson Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

E 83567 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83567

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp. St., 7-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Betty Bell

(a) Residence: No. Cambridge Arms Apartments St., 34th & Charles Sts. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/23/16

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La.

FATHER

13. NAME Judge Wm Bell

14. BIRTHPLACE (city or town) (State or country) La.

MOTHER

15. MAIDEN NAME Nora McClean

16. BIRTHPLACE (city or town) (State or country) La

17. INFORMANT Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Orleans La Date Oct 12 1932

19. UNDERTAKER Henry W Jenkins Inc

(Address) Esplanade & N. Rocheblave

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to October 12, 1932

I last saw her alive on October 12, 1932 Death is said to have occurred on the date stated above, at 4.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma, Spine	1928

Other contributory causes of importance:

Name of operation Laminectomy Date of 1928 1931

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. W. Woodhead M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31-250M

E 83568 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83568

CERTIFICATE OF DEATH

53

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 100 S Stricker St. 14-28 (Ward)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nora E. Boston

(a) Residence: No. 100 S Stricker St., ... Ward. .....
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of General B. Boston

6. DATE OF BIRTH (month, day, year) April 7, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Md

FATHER

13. NAME Francis T. Davis

14. BIRTHPLACE (city or town) (State or country) Carroll County Md

MOTHER

15. MAIDEN NAME Ann Haymond

16. BIRTHPLACE (city or town) (State or country) Carroll County Md

17. INFORMANT General B. Boston (Address) 100 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL Place Forrestview Date Oct 13 1932

19. UNDERTAKER F. Vernon Kachyer (Address) 1532 Hollins St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1932, to Oct 10, 1932

I last saw her alive on Oct 10, 1932 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma Rt Kidney	
General Metastases	
Other contributory causes of importance:	
Toxemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Hugo McCleary, M. D.

(Address) 400 N Payson st

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

Succ—Ltr 8—SHT—500 Bks.

83569 ✓ E 83569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 207 Asquith ST. 5-8 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ida Bryan

(a) RESIDENCE NO. 207 Asquith ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced (or) WIFE of Perry Bryan

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Queen Anne Co Md

PARENTS

10 NAME OF FATHER Perry Bryan

11 BIRTHPLACE OF FATHER (City or town) (State or country) Centerville Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Queen Anne Co Md

14 Informant (Address) 207 Asquith St

15 Filed Oct 11, 1932 Wm. C. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 11, 1932, that I last saw her alive on Oct 10, 1932 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) Charles W. Foster M. D.

Oct 11 1932 (Address) 712 S Wolfe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery — DATE OF BURIAL 10/12/32

20 UNDERTAKER Robert Williams — ADDRESS 1515 McElderry

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 83570

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83570

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2703 Elsinore St., 15-6th Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Moore

(a) Residence: No. 2703 Elsinore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 16 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hanover (State or country) Pa

FATHER

13. NAME Rev Franklin Moore

14. BIRTHPLACE (city or town) Beaver (State or country) Pa

MOTHER

15. MAIDEN NAME Rebecca B. Wickersham

16. BIRTHPLACE (city or town) Hanover Pa (State or country)

17. INFORMANT Ida E. Ashbury

(Address) 2703 Elsinore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Beaver Penna Date 10/12/32

19. UNDERTAKER George J Smith

(Address) 1532 Baltimore St

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10/32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to 10-10 1932

I last saw her alive on 10-10 1932 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular collapse	

Other contributory causes of importance: Pelvic cellulitis, Pelvic abscess and Pneumonia, mid lobe, Lt lung

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Cooke & Schumpert M. D.

(Address) 714 Park Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

AaCo. 5-31 250B

83571 HEALTH DEPARTMENT—CITY OF BALTIMORE 83571

CERTIFICATE OF DEATH

82-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N Arlington Ave St., 19 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Wilmore

(a) Residence: No. 424 N Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Wilmore

6. DATE OF BIRTH (month, day, year) Don't Know

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) March 1932

11. Total time (years) spent in this occupation Till

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jesse Coffin

(Address) 424 N Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Cemetery Date Oct. 12, 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3, 1932 to Oct 9, 1932

I last saw him alive on Oct 4, 1932 death is said to have occurred on the date stated above, at 1030 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 3 1932

Other contributory causes of importance:

Hypertension	March 1932

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Paley, M. D.

(Address) 1700 Eutaw

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 83572 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83572

CERTIFICATE OF DEATH

+143

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 4 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eleanor Diehl

(a) Residence: No. Box 290 RFD; (Usual place of abode) Sparrows Point, Md. St., ... Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: John H Diehl

6. DATE OF BIRTH (month, day, year): Sept 25 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Highlandtown Md

FATHER

13. NAME: Henry C Weiss

14. BIRTHPLACE (city or town) (State or country): Baltimore Co Md

MOTHER

15. MAIDEN NAME: Wyomia M Deem

16. BIRTHPLACE (city or town) (State or country): Baltimore Co Md.

17. INFORMANT (Address): Mrs Wyomia M Weiss 503 S. Quail st

18. BURIAL, CREMATION, OR REMOVAL: First German United Evangelical Cemetery Date Oct 14 1932

19. UNDERTAKER (Address): John T Denny 715 Lizard St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 11 1932

22. I HEREBY CERTIFY, That I attended deceased from October 10 1932 to October 11 1932

I last saw her alive on October 11 1932 Death is said to have occurred on the date stated above, at 11-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Valvular Heart Disease with Stenosis of the Mitral valve	
Other contributory causes of importance:	
Acute Cardiac Dilatation	Oct 10 '32
Pulmonary Edema	Oct 10 '32
Pregnancy (8 mo)	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Vernon M Norwood M. D.

(Address) Church Home Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83573 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 83573

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto city Hospital — 23 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Smith

(a) Residence: No. 613 Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Smith

6. DATE OF BIRTH (month, day, year) July 18 1882

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	50	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ohio

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Co N.C

FATHER

13. NAME Billy Smith

14. BIRTHPLACE (city or town) (State or country) Cumberland Co N.C

MOTHER

15. MAIDEN NAME Polly Smith (?)

16. BIRTHPLACE (city or town) (State or country) Cumberland Co N.C

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10-18 1932

19. UNDERTAKER Jas. H. Skinner
(Address) 1625 E. Madison

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1932 to 10-11 1932

I last saw h... alive on 10-11 1932 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Exudative pleurisy	4-32
Pneumonia	4-1-32

Other contributory causes of importance:

Name of operation Thoracotomy Date of 7-11

What test confirmed diagnosis? F Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. Bowie Harper M. D.

(Address) Balto city Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec. 4-17-32—7500—200 Bks.

E 83574

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 E 83574

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 635 W. Mulberry St. 4-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Jones

(a) RESIDENCE NO. 655 W Mulberry St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5e If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Jan 1851

7 AGE: Years 47 Months — Days —

IF LESS than 1 day ... hrs. or ... min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (City or town) ?

(State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) ?

(State or country)

14 Informant Josephine White

(Address) 655 W Mulberry St

15 Filed . 19 Registrar

OCT 13 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-11 1932

17 I HEREBY CERTIFY, That I attended deceased from 10-5, 1932, to 10-11, 1932

that I last saw h[illegible] alive on Oct 8, 1932

and that death occurred, on the date stated above, at 1:00 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

about 3 yrs.

Above (duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Liver

(duration) 1 yrs. mos. ds.

18 Where was disease contrarted

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical Exam

(Signed) W. Atwell Jones, M. D.

, 19 (Address) 1123 Rem ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — Date of Burial 10-12 1932

20 UNDERTAKER: Dennis Carroll — ADDRESS 916 Pa ave

Do not abbreviate or use ditto marks. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83575

CERTIFICATE OF DEATH

131

E 83575

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4229 Park Heights Ave (Ward) 56

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Franklin

(a) Residence: No. 4229 Park Heights Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or wife of)~~ Alice M. Franklin

6. DATE OF BIRTH (month, day, year) Mar 19th 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mamie Gaugh
(Address) 4229 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Frederick Md Date Oct 13th 1932

19. UNDERTAKER Wm Cook
(Address) 217 E Paul St.

20. Filed ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1932 to Oct 11 1932

I last saw him alive on Oct 8th 1932 Death is said to have occurred on the date stated above, at 9.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Chronic hypocordial disease	2 yrs.
Cerebral Embolism	1/2 day.
Other contributory causes of importance:	
Chronic Nephritis	1 yr.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M Michel M. D.

(Address) 790 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83576 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83576

CERTIFICATE OF DEATH

179 ✓

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Presbyterian Eye Ear & Throat Hospital (If death occurred in hospital or institution, give its NAME instead of street and number.) (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David A. League Jr

(a) Residence: No. 2318 Aiken St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ——— (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) July 4th 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Cloverdale Ginger Ale Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME David A. League Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Iona May McDaniel

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Irvin L. Zabel
(Address) 2318 Aiken St

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Date Oct 14th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from ——— 19... to ——— 19...
I last saw h— alive on ——— 19... Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:
Fibrous Endocarditis Poisoning accidental

Name of operation ——— Date of ———

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury Oct 11 1932

Where did injury occur? Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Hospital

Manner of injury Poisoning Nitrous Oxide

Nature of injury Heart Failure

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. No

(Signed) D. C. Jessop Jr M. D.
Coroner

(Address) 3 East Fayette St

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

83577.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83577

50 V

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 E. Lorraine Ave. St. 12-50 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna E. Brown

(a) Residence: No. 300 E. Lorraine Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertrand Brown

6. DATE OF BIRTH (month, day, year) Jan. 1, 1880.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
52	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME William Amrein

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Justine Wilhelm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertrand Brown
(Address) 300 E. Lorraine Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 13, 32

19. UNDERTAKER Harry Hunter
(Address) 4101 Edmondson Ave.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1929 to Oct 10, 1932

I last saw her alive on Oct 10, 1932 death is said to have occurred on the date stated above, at 8:50 ?m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Adnex) Rt breast	?
Other contributory causes of importance:	
Luminal Carcinomatosis	

Name of operation Radical Breast Amputation of Oct 11, 1929

What test confirmed diagnosis? Mets Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George L. Wrang, M. D.

(Address) 4000 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

OCT 13 1932

Spec.—9 30—A. & Co.—250 Bks.

83578

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83578

CERTIFICATE OF DEATH.

82-001

1-PLACE OF DEATH.

CITY OF BALTIMORE: (No. 2015 W. Lexington St. St. 20-27 Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Truitt

(a) RESIDENCE NO. 2015 W. Lexington St. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ida M. Truitt(nee Bixler)

6 DATE OF BIRTH (month, day, and year) Aug. 31, 1864.

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Fire Dept.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John Truitt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Theresa Harrie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Mrs. Ida M. Truitt 2015 W. Lexington St.

15 Filed OCT 13 1932, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-11-32

17

I HEREBY CERTIFY, That I attended deceased from 10-9-32, 19.., to 10-11-32, 19..

that I last saw h— alive on 10-11-32, 19..

and that death occurred, on the date stated above, at 11:30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Hemiplegia.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Benj O McCleary M. D.

10/15/32, 19.. (Address) 400 N Payson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Pk. Cemetery

DATE OF BURIAL 10/14 19 32

20 UNDERTAKER Harry H. Ritzke ADDRESS 4101 Edmondson Ave.

ATO.

TION is very important. See instructions on back of certificates.

M. D. B. 1765-a

83579

HEALTH DEPARTMENT—CITY OF BALTIMORE

83579

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 343 S. Woodyear St. 19-29 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Freudenberrer

(a) Residence: No. 343 S. Woodyear St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Freudenberger

6. DATE OF BIRTH (month, day, year) Nov. 3, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Freudenberger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Caroline Freudenberger

(Address) 343 S. Woodyear St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 15, 19 32

19. UNDERTAKER Harry Kleiber

(Address) 4101 Edmondson Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 3. 1930 to Oct. 10. 32. 19.....

I last saw him alive on Oct. 9. 32. 19..... Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	2 yrs.
Arterio Sclerosis	2 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Louis B. Fowler, M. D.

(Address) 1432 William St.

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-12 250B

Brounstein

E 83580 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83580

CERTIFICATE OF DEATH

1149-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-4 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 20 yrs. ... mos. ... ds.

2. FULL NAME Ida Brounstein

(a) Residence: No. 2010 E. Pratt St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Jacob Brounstein

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morris Fuller

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esta

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 10-13 1932

19. UNDERTAKER Jacob Levin Son
(Address) 1139 E. Baltimore St.

20. FILED OCT 1 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 | 12 | 32 , 19

22. I HEREBY CERTIFY, That I attended deceased from 10 | 4 | 32 , 19 ... to 10 | 12 | 32 , 19 ...

I last saw her alive on 10 | 12 | 32 , 19 ... death is said to have occurred on the date stated above, at 4.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia -	10 | 7 | 32
Other contributory causes of importance: Pneumonia - Broncho	10 | 10 | 32

Name of operation Cesarean Section Date of 10 | 10 | 32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Arthur Robert Cohen M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

#3581 HEALTH DEPARTMENT—CITY OF BALTIMORE #3581

CERTIFICATE OF DEATH

82-001

Registered No. 37-43

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5603 Plymouth Rd St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr William F. Korn

(a) Residence: No. Union Memorial Hosp. St., 62 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White American	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Pauline Korn

6. DATE OF BIRTH (month, day, year) June 12, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Railway Express Agency.

10. Date deceased last worked at this occupation (month and year) 9-26-32.

11. Total time (years) spent in this occupation 4/12yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Korn

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Carolyne

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Jos. Kaye
(Address) 5607 Plymouth Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Oct 15, 1932

19. UNDERTAKER John Ulrich & Sons
(Address) 1200 E. Mears Ave

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1932 to 10-12-, 1932

I last saw him alive on October 12, 1932. Death is said to have occurred on the date stated above, at 3:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-26-32
Terminal Bronchio-Pneumonia	10-10-32
Other contributory causes of importance:	
Arteriosclerosis	Yrs +
Hypertension	Yrs +

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert W. Garis, M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 83582 HEALTH DEPARTMENT—CITY OF BALTIMORE D 83582

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 578 N. Gay St. 5-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Harry C. Hawkins

(a) Residence: No. 578 N. Gay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of ..... single

6. DATE OF BIRTH (month, day, year) May 5/1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Water Service)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Charles S. Hawkins

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Sarah E. Arnold

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT John C. Hawkins
(Address) 2608 Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct 13, 1932

19. UNDERTAKER John Kelly
(Address) 2001 Mc Cabe

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on about noon 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	10/10
General Debility	"
	"
	"

Other contributory causes of importance:

Carcinoma of Stomach	"
	"
	"

Name of operation Gastro-enterostomy Date of 1930

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify .....

(Signed) Jos. Haiser, M. D.
Coroner

(Address) 5086 Monkton

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83583

E 83583

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Wash Gen. Hosp St. 5-17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm F. Goodrich

(a) Residence: No. 2001 N. Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Goodrich

6. DATE OF BIRTH (month, day, year) Nov 30 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheet

10. Date deceased last worked at this occupation (month and year) 023

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jas. Goodrich

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary E Knight

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Helen Goodrich
(Address) 2001 N. Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Oct 14. 1932

19. UNDERTAKER John Ullrich
(Address) 2008 Eutaw

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on Oct 11 19 32 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Shock	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) F. H. Linck Coroner M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83584 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83584

CERTIFICATE OF DEATH

Registered No. 93-203

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 Jackson Place St., 1-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Jarchewsky

(a) Residence: No. 10 Jackson Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Adam Jarchewsky

6. DATE OF BIRTH (month, day, year) 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Adam Jarchewsky
(Address) 10 Jackson Place

18. BURIAL, CREMATION, OR REMOVAL
Place Russian Jewish Cem. Date Oct. 14, 1932

19. UNDERTAKER John Goldsmith
(Address) Eager & Lee Sts

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at about 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Coronary Thrombosis	Oct 11

Other contributory causes of importance:

Chr Myocarditis	2 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. Kaiser, M. D.
Coroner
(Address) 508 E. Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83585

CERTIFICATE OF DEATH

93-E 83585

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 200 Ridgewood Road St. 27-53

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 2 mos. 13 ds. How long in U. S. If of foreign birth 70 yrs. 2 mos. 13 ds.

2. FULL NAME George Peter Thomas Jr.

(a) Residence: No. 200 Ridgewood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Edna Shain Thomas

6. DATE OF BIRTH (month, day, year) July 28 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation some

12. BIRTHPLACE (city or town) (State or country) Toronto Canada

FATHER

13. NAME George P. Thomas

14. BIRTHPLACE (city or town) (State or country) Fred. Co. Maryland

MOTHER

15. MAIDEN NAME Maria Kemp

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Mr. Geo. P. Thomas III (son)
(Address) 200 Ridgewood Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Monument Date Aug-13 1932

19. UNDERTAKER Stewart & Mowen Co.
(Address) 1334 Park Ave.

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29th 1932 to Oct 11th 1932

I last saw him alive on Oct. 11th 1932. Death is said to have occurred on the date stated above, at 12.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency a terminal condition -	
in Course of Chronic myocardi- tis of many years standing	9.24.32

Other contributory causes of importance: ✓

Name of operation ✓ Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) E. H. Worthington, M. D.

(Address) 1515 Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 83586 — 131 — E 83586

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 3301 Chestnut ST. 13-52 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME David Henry Carroll

(a) RESIDENCE NO. 3301 Chestnut ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. - mos. - ds. How long in U. S., if of foreign birth? 72 yrs. 0 mos. 12 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet L. Carroll

6 DATE OF BIRTH (month, day, and year) Sept 28 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	0	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of Industry, business, or establishment in which employed (or employer) Grocery Store

(c) Name of employer Self

9 BIRTHPLACE (City or town) Balto Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. H. Carroll

11 BIRTHPLACE OF FATHER (city or town) Balto Co (State or country) Maryland

12 MAIDEN NAME OF MOTHER Cynthia Schofield

13 BIRTHPLACE OF MOTHER (city or town) Balto Co (State or country) Md.

14 Informant Dr. H. H. Carroll - (Son)

(Address) 3301 Chestnut Ave

15 Filed OCT 13 1932, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1932

17 I HEREBY CERTIFY, That I attended deceased from about Oct 10 1930, to Oct 10 1932, that I last saw him alive on Oct 10 1932, and that death occurred, on the date stated above, at 5.15 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage and Arteriosclerosis

(duration) 2 yrs. - mos. - ds.

CONTRIBUTORY (Secondary) Nephritis - Chr. Int.

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of -

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. A. Hart, M. D.

(1932) (Address) 3001 Huntingdon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery — DATE OF BURIAL Oct 13 1932

20 UNDERTAKER Lewis H. Monn Co — ADDRESS Balto

TION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 83587

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83587

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH University Hospital

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 25-75 Ward

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Webster Brooklyn

(a) Residence: No. 427 Maude Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leah E Webster

6. DATE OF BIRTH (month, day, year) June 11 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Fitter 59

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deal Island Md

FATHER

13. NAME Wesley Webster

14. BIRTHPLACE (city or town) (State or country) Deal Island

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Deal Island

17. INFORMANT Mrs Leah E Webster

(Address) 427 Maud Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place Deal Island Date Oct 13. 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED OCT 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12-32

22. I HEREBY CERTIFY, That I attended deceased from 10-7- 1932 to 10-12 1932

I last saw h[illegible] alive on 10-12 1932 Death is said to have occurred on the date stated above, at 9.20 A. m.

The principal cause of death and related causes of importance were as follows:

Old Rheumatic Carditis — Date of onset

Chronic Glo. Nephritis

Other contributory causes of importance:

Uremia

Cystitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) R. Richard Lough M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—7-17-36—A Co.—200 Blks.

E 83588

HEALTH DEPARTMENT—CITY OF BALTIMORE

54 E 83588

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO.

City of BALTIMORE: (No. 620 S. Eugene Ave St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Julia Ann Haas.

(a) RESIDENCE NO. 620 S. Eugene Ave. Ward 1

(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 Color or Race White

5 Single, Married, Widowed, or Divorced (write the word) Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph Haas.

6 DATE OF BIRTH (month, day and year) Dec 22 - 1870

7 AGE (67) Years 61 Months 11 Days 19

IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 37

(b) General nature of industry, business, or establishment in which employed (or employer) Home work.

(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore Md.

(State or country)

PARENTS

10 NAME OF FATHER Timothy Quigley

11 BIRTHPLACE OF FATHER (City or town) Orangetown

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Julia McCarthy.

13 BIRTHPLACE OF MOTHER (city or town) Orangetown

(State or country) Ireland

14 Informant Carrie Haas

(Address) 620 S. Eugene Ave.

15 Filed ___ 19___ Registrar

OCT 14 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 - 1932 19

17 I HEREBY CERTIFY, That I attended deceased from Aug 30 1932 to Oct 11 - 1932

that I last saw her alive on Oct 10 1932

and that death occurred, on the date stated above, at 5:45 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. 1 mos. 11 ds.

18 Where was disease contracted

If not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Jesse Boyd, M. D.

10-11-1932 (Address) 3042 Baden St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem. Date of Burial Oct. 14 1932.

20 UNDERTAKER Lilly & Feiler Inc. ADDRESS 403 S. Wolfe St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—59L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83589

E 83589

CERTIFICATE OF DEATH

121

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 23-31 WARD)

2-FULL NAME Mildred M Harris

(a) RESIDENCE NO. 115 W Burnett ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb. 2 1924

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	8	8	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

9 BIRTHPLACE (city or town) Salt Lake City
(State or country)

PARENTS

10 NAME OF FATHER John Harris

11 BIRTHPLACE OF FATHER (city or town) Salt Lake City
(State or country)

12 MAIDEN NAME OF MOTHER Mary Wilzel

13 BIRTHPLACE OF MOTHER (city or town) Iceland
(State or country)

14 Informant Mary Harris
(Address) 115 W Burnett St

15 Filed ..... 192 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or Inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acut Appendicitis
Abscess formation

(duration) — yrs. — mos 8 ds.

CONTRIBUTORY (Secondary) Septic Condition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 115 W Burnett St

Did an operation precede death? yes Date of Oct 12 32

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) James M Fenton, M. D.
Coroner

10/12 193 (Address) 7 00 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross O G

DATE OF BURIAL 10 15 1932

UNDERTAKER Ehlb Harder 115 E

ADDRESS West St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec. 130—M. & T.—250 Bks.

E 83590

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83590

CERTIFICATE OF DEATH.

X 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1534 W Gilmor ST. 15-21 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary A. Barrett

(a) RESIDENCE NO. 1534 N Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Barrett

6 DATE OF BIRTH (month, day, and year): Sept 11, 1874

7 AGE — Years: 58 — Months: 1 — Days: — — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): —

037

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Essex Co Va

PARENTS

10 NAME OF FATHER: Arthur Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Essex Co Va

12 MAIDEN NAME OF MOTHER: Nancy Banks

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Essex Co Va

14 Informant (Address): James Barrett 1534 N Gilmor St

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 11, 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932 to Oct 11, 1932

that I last saw her alive on Oct 11, 1932

and that death occurred, on the date stated above, at 9.50 p m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regulos

(Signed) W. F. Howell M.D.

Oct 13 1932 (Address) 601 W Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Berlers Mill Essex Co Va

DATE OF BURIAL: Oct 13 1932

20 UNDERTAKER: Samuel W. Chase Inc

ADDRESS: 638 N Gilmor

M. D. B. 1268-9

E 83591

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83591

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3446 Reistertown St. Ward 5th)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Solomon Maserowitz

(a) Residence: No. 3446 Reistertown Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Late Mary

6. DATE OF BIRTH (month, day, year): 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Louis Maserowitz

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Thykenow

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Hyman Maserowitz
(Address) 3446 Reistertown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Hebrew Rozedale Date: Oct 13, 1932

19. UNDERTAKER: Sol Levinson & Bro
(Address) 112 ½ Balto St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Oct. 12, 1932

I last saw him alive on Oct. 12, 1932. Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	4 to 6 mos ago.
Other contributory causes of Importance:	
Pulmonary Edema	1 day

Name of operation None Date of ...

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No ... If so, specify ...

(Signed) Michael A Abrams, M. D.

(Address) 2360 Eutaw Place.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

E 83592 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83592

CERTIFICATE OF DEATH

92-001

Registered No. 13-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Powers St. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susannah Miller.

(a) Residence: No. 821 Powers St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel A. Miller.

6. DATE OF BIRTH (month, day, year) April 12, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry Miller.
(Address) 821 Powers St.

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Park Date Oct 14, 1932

19. UNDERTAKER Chenoweth Son
(Address) 3615-17 Chestnut Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3rd, 1932, to Oct 12th, 1932

I last saw h alive on Oct 11th, 1932. Death is said to have occurred on the date stated above, at 3.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endo-Myocarditis	about one year

Other contributory causes of importance:

Edema - Pneumonia	3 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1248-9

E 83593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83593

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 E. 22nd St. St. 12-50 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Blatter Macneal

(a) Residence: No. 305 E. 22nd St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles L. Macneal

6. DATE OF BIRTH (month, day, year) Dec. 3, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ohio

FATHER

13. NAME John Blatter

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Mary J. Dennuth

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Beatrice Macneal

(Address) 305 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct. 13, 1932

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Tabetes
Diseased
Heart

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address) 2132 Maryland Ave

M. D. B. 1268-9

E 83594

E 83594 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 242 Laurens St. 14-20 (Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maude Evans Armstrong

(a) Residence: No. 242 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmle	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 11-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Co Md

FATHER

13. NAME Wm J Evans

14. BIRTHPLACE (city or town) (State or country) Cecil Co Md

MOTHER

15. MAIDEN NAME Mary E Broughton

16. BIRTHPLACE (city or town) (State or country) Cecil Co Md

17. INFORMANT Mary H Evans

(Address) 242 Laurens

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Dec 14 19 22

19. UNDERTAKER John D. Mitchell & Son

(Address) 1940 Eutaw Place

20. FILED DEC 17 1922 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 22

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Chronic Myocarditis	1 year

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H Leo Finch M. D.

(Address) Coroner

M. D. R. 1268-9

83595

HEALTH DEPARTMENT—CITY OF BALTIMORE

83595

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St., 4-16 Ward)

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harold Hall

(a) Residence: No. 720 Second ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Hall

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frank Hall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Bell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) (Records City Hosp. Balto City Hosp. Md.)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date Oct 13 1932

19. UNDERTAKER Joseph A Langley (Address) 104 N. Mount Street

20. Filed ... 19... A ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-6 1929 to 10-9 1932

I last saw him alive on 10-9 1932 Death is said to have occurred on the date stated above, at 9:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	10-1-32
Other contributory causes of importance: Acute lung Cardiac insufficiency	10-10-32

Operation Yes Extension to lung site old Date of Chronic 1927

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

10-10-32 (Signed) Harry A. Hoffman M. D.

(Address) Cathedral & Hop. Sts.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1276

E 83596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83596

Registered No. 93

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel G. Thompson

(a) Residence: No. 580 Baker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) Aug 7

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Landscaper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Uniontidge

FATHER

13. NAME John H Thompson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliz Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balto City
(Address) Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Bark Hill Cem Date Oct 17 19 32

19. UNDERTAKER D Franklin
(Address) New Windsor Md

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-14 . 1932 to 10-17 . 1932

I last saw him alive on 10-17 . 1932 Death is said to have occurred on the date stated above, at 1.00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Complicated with Chronic Nephritis	7-1-32

Other contributory causes of importance:

Myocardial Insufficiency (Cyanosis)	7-2-32

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

10-18-32 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83597 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83597

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Lanvale St. 17-51 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E. Hinton

(a) Residence: No. 2127 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 4, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61.	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. S. J. & G.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME William E. Hinton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary E. Haskins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James M. Hinton

(Address) 2309 Ruskin Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Oct 14, 1932

19. UNDERTAKER Mr. & Mrs. John H. Teufel & Son

(Address) 801 W. Fayette St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1929 to Oct. 12, 1932

I last saw him alive on Oct. 12, 1932 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma floor of mouth.	March 1929

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl J. Benson M. D.

(Address) 5111 York Rd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83598

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83598

CERTIFICATE OF DEATH

144-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp 6-16 St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Beulah Causey

(a) Residence: No. 224 N. Luzerne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, RUSBAND of (or) WIFE of John E. Causey

6. DATE OF BIRTH (month, day, year) June 9 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas. Young

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elvina Pastefield

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John E Causey
(Address) 224 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Oct 15 1932

19. UNDERTAKER Philip Harris
(Address) 2016 Orleans St.

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1932 to Oct 12 1932

I last saw h.e.r alive on Oct 12 1932. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Partum Hemorrhage	

Other contributory causes of importance: —
Placenta Previa
Anemia - severe

Name of operation — Delivery Date of Oct 12

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) C. F. Gauss M. D.

(Address) St Joseph Hosp

OCT 1 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83599

CERTIFICATE OF DEATH

E 83599

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Annapolis Ave St.) 25-32 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances D. Bonsal

(a) Residence: No. 2032 Annapolis Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Bertha Bonsal

6. DATE OF BIRTH (month, day, year) March 4, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME William A. Bonsal

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Galloway

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Chas G. Grimley

(Address) 2005 Brentwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 14, 1932

19. UNDERTAKER E. C. Arthur

(Address) York & Md.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1932 to Oct 12, 1932

I last saw him alive on Oct 12, 1932 Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

Acute alcoholism — Date of onset .....

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Guy H. Cromwell M. D. Coroner

10/13/32 (Address) 263 Patapsco Ave. Balto

(IF DEATH WAS DUE TO VIOLENCE, FILL IN ALSO THE FOLLOWING: Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in industry, in home, or in public place. Manner of injury. Nature of injury. See instructions on back of certificate.)

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83600

CERTIFICATE OF DEATH

E 83600

Registered No. 157-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 10-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Salamones

(a) Residence: No. 1004 Harden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 9/32

7. AGE	Years	Months	Days	If LESS than 1 day,	hrs. or	min.
				14		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Paul Salamones

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Nuzra Tessa

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT St. Joseph Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Leland St. Hospital Date ... 19...

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10/32. 19

22. I HEREBY CERTIFY. That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

Congenital Anomaly
Enlarged Thymus Gland and
Spina Bifidi

(7-8 Mons Gestation)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. H. Mac... Coroner M. D.

(Address) 508 E. Monument

M. D. B. 1268-9

E 83601 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83601

130

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 5 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mack Breeden

(a) Residence: No. 405 Aisquith St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Charleston, S. C.

FATHER

13. NAME Carter Breeden

14. BIRTHPLACE (city or town) (State or country) Clio, S. C.

MOTHER

15. MAIDEN NAME Ollie ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Md Date Oct 13 1932

19. UNDERTAKER

(Address)

20. FILED OCT 13 1932 A. Hoyt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-11-1932 to 10-9-1932

I last saw him alive on 10-9-1932 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis subacute with uremia & hypertension	6-11-32

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

10-10-32

(Signed) Edna Hipsley M. D.

(Address) Balto City Hospitals

SEE INSTRUCTIONS ON BACK OF CERTIFICATE. ALL INFORMATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1368-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83602 E 83602

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 16-2-34 Registered No.

CITY OF BALTIMORE: (No. ..... St., 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Smith

(a) Residence: No. 1309 Smithson st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 30, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Anderson Owens

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Md Date Oct 12, 19 32

19. UNDERTAKER Commissioner Funeral

(Address) .....

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1932 to Oct. 9, 1932

I last saw h... alive on Oct. 9, 1932. Death is said to have occurred on the date stated above, at 10.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	May 1932
Syphilis	Unk.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Thorn, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-0

83603

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83603

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No.

CITY OF BALTIMORE: (No. ..... St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Lulu Stone

(a) Residence: No. 1003 Bruce st. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Stone

6. DATE OF BIRTH (month, day, year) June 16, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Roanoke
(State or country) Virginia

FATHER

13. NAME Harry Stone

14. BIRTHPLACE (city or town) Virginia ?
(State or country)

MOTHER

15. MAIDEN NAME Narcisse ?

16. BIRTHPLACE (city or town) Virginia ?
(State or country)

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place ....Date Oct 13 ....19..

19. UNDERTAKER
(Address)

20. FILED ....Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27 ....19.32 to Oct. 7 ....19.32

I last saw her alive on Oct. 7 ....19 32 Death is said to have occurred on the date stated above, at 2.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1932
Enteritis tuberculous	
Syphilis ?	Unknown

Other contributory causes of Importance:

Name of operation ....Date of ....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? ....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....If so, specify ....

(Signed) Bennett A. Stearn M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83604 E 83604

CERTIFICATE OF DEATH

Registered No. 10-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jake, Bailey

(a) Residence: No. 34 Williams St Newark, N. J. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mabel Bailey

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisville Accomac Co. Va

FATHER

13. NAME George Scarborough

14. BIRTHPLACE (city or town) (State or country) Louisville Accomac Co. Va

MOTHER

15. MAIDEN NAME Mary Bailey

16. BIRTHPLACE (city or town) (State or country) Louisville Accomac Co. Va

17. INFORMANT Mary White (mother)

(Address) 829 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19... to ..., 19...

I last saw h... alive on injury 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	9/27/32
Automobile Accident	9/27/32

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9.27. 1932

Where did injury occur? Philadelphia Rd at State Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of Injury Found unconscious on Rd.

Nature of Injury Probably struck by auto.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner ... M. D.

(Address) 2200 E Madison

1-30—M & T—100 B—50L

E 83605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83605

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 18 S. Carlton ST. 18-24 (WARD)

2-FULL NAME Cida Green

(a) RESIDENCE NO. 18 S. Carlton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 44	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Aunt Cora Scott
(Address) 18 S. Carlton St.

15 Filed ..., 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 10th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Unknown — probably Myocardial disease chronic (duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Signs & Symptoms

(Signed) Guy N. Thomsell, M. D. Coroner

10/11, 1932 (Address) 703 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL ... 19

20 UNDERTAKER

ADDRESS

TION is very important See instructions on back of certificates.

Spec.—8-16-29—L. F. S.—100 Bks.

E 83606 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83606

CERTIFICATE OF DEATH

159

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Balto. General Hosp ST., 1230 WARD)

2—FULL NAME Baby Brooks

(a) RESIDENCE NO. 2005 Maryland Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 10 | 10 | 32

7 AGE: Years | Months | Days | If LESS than 1 day 20 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 2005 Maryland Ave

PARENTS

10 NAME OF FATHER James Brooks Jr.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frankfort, Ind.

12 MAIDEN NAME OF MOTHER Betty Nevins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Norfolk, Va.

14 Informant James Brooks Jr

(Address) 2005 Maryland Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 | 11 | 32

17 I HEREBY CERTIFY, That I attended deceased from 10 | 10 | 32, to 10 | 11 | 32, 19....., that I last saw her alive on 10 | 10 | 32, 19..... and that death occurred, on the date stated above, at 11 P M. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asphyxia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jack J Singer, M. D.

19 (Address) 504 E. North Ave.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: Oct 11 19

20 UNDERTAKER

ADDRESS

1932

M. D. B. 1268-9

E 83607

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83607

CERTIFICATE OF DEATH

J 93-003

Registered No. 26471

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Athol, Gundrys - Frederick Road Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Niven

(a) Residence: No. Athol, Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec 25. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester N.Y.

FATHER

13. NAME Wm. H. Niven

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Eleanor Robinson

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT David M. Niven

(Address) Alexandria Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Rochester N.Y. Date Oct 14, 1932

19. UNDERTAKER John O'Donovan Sons

(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 . 1931 to Oct 12 . 1932

I last saw h alive on Oct 12 . 1932 Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Solomon J. Levinson . M. D.

(Address) 1826 Eutaw Place, Cor Baltimore

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83608 82-001 **E 83608**

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Station Pa. RR (ST.) 14-20 (WARD)

2-FULL NAME Claiborne H. Burrell

(a) RESIDENCE NO. 2030 Druid Hill Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Etta Burrell

6 DATE OF BIRTH (month, day, and year) Oct 20. 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	11	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Messenger 69
(b) General nature of industry, business, or establishment in which employed (or employer) Penn. RR
(c) Name of employer Union Station

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Albert Burwell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sallie Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Etta Burrell
(Address) 2030 Druid Hill Ave

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) Sudden yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Peyton, M. D.
Coroner

10/13/1932 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 10/14/1932

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1163 Druid Hill Ave

TION is very important See instructions on back of certificates.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83609

E 83609

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) South Balto. Hospital (St.) (Ward)

2-FULL NAME James W. Dicus

(a) RESIDENCE NO. 5th Ave Glenburnie Md Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced; (write the word)
Male	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 30 1921

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	10	9	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Glenburnie Md
(State or country)

PARENTS

10 NAME OF FATHER William L Dicus

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Ethel J Donaldson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Glenburnie Md

14 Informant William L Dicus
(Address) 5th Ave Glenburnie Md

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the date stated above.

The CAUSE OF DEATH* was as follows:

Fractured skull
Fractured right ribs
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (Secondary) Struck by automobile
(duration) ..... yrs. ..... mos. ..... ds.

(Signed) Joseph Pokorny M. D.
(Coroner)
, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? Struck by auto on Crain Highway in 5th Ave
Former or usual residence 5th Ave Glenburnie

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery — Date of Burial Oct 15 1932

20 UNDERTAKER John F. Denny — ADDRESS 7-5 Light St

Very Important. See instructions on back of certificate.

M. D. B. 1268-9

83610

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83610

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 21-29 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F Sygalorsky - Glass

(a) Residence: No. 111 S Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Glass

6. DATE OF BIRTH (month, day, year) March 2. 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lena Ellis

(Address) 111 S Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Dan Lorn Date 12/14 19 32

19. UNDERTAKER Fineo

(Address) 129 E Fayette St

20. FILED ... 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Tongue	
2.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1205 Eutaw Pl

Spec.—2-29-28—L. F. S.—500 Bks.

83611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 83611

REGISTERED NO. 96-41

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4615 Valley View ~~St~~ WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lewis George Zimmerman

(a) RESIDENCE NO. 4615 Valley View Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Zimmerman

6 DATE OF BIRTH (month, day, and year) Sept 2 - 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	46	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Inspector

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer Gas Co

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Agus Zimmerman

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md.

12 MAIDEN NAME OF MOTHER Barbara Kulbrath

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md.

14 Informant Mary Zimmerman

(Address) 4615 Valley View

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 12 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1932, to Oct 12, 1932, that I last saw h alive on Oct 11, 1932 and that death occurred, on the date stated above, at 10:55a m.

The CAUSE OF DEATH* was as follows:

Metro Regurgitation Decompensated

Chronic Rheumatismus Myocarditis,

(duration) yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. J. Stevens, M. D.

10/13, 1932 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery

DATE OF BURIAL Oct 15th 1932

20 UNDERTAKER Wm. Cook

ADDRESS 1219 St Paul St

M. D. B. 1268-a

E 83612 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83612

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 Vine St. 4-25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Ashton Johnson

(a) Residence: No. 641 Vine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Johnson

6. DATE OF BIRTH (month, day, year) May 3-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Albert Thompson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary J. Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Thompson (Mother)
(Address) 641 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Cem. Ft. Md. Date 10/17. 1932

19. UNDERTAKER Chas. G. Cooper
(Address) 5141 Belair Rd

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... Death is said I last saw h alive on ..... 19 ..... to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	July 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so specify .....

(Signed) Wayne Miller Coroner, M. D.

(Address) 2739 Edmondson Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83613

CERTIFICATE OF DEATH

× 52

E 83613

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Gen. Hosp ST. 11-24 WARD)

2—FULL NAME Robert C. Caley

(a) RESIDENCE NO. 5 (Usual place of abode) Dalton Place, Belair ST., Md WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17, 1899

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	10	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector for C & P

(b) General nature of industry, business, or establishment in which employed (or employer) Telephone Co 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bel Air, Md

PARENTS

10 NAME OF FATHER Robert E. Caley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lydia McKane

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records

(Address)

15 Filed OCT 1 1932 19 Huston Williams, D.H.S. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14, 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1932, to Oct 14, 1932, that I last saw h[illegible] alive on Oct 13, 1932 and that death occurred, on the date stated above, at 2100A m.

The CAUSE OF DEATH* was as follows:

Melanotic Sarcoma with metastases

(duration) about 3/4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Jaundice & Liver failure (duration) 2-3 mos yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/28/32 10/18/32

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Louis O Krauss, M. D.

, 19 (Address) Md Gen Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rock Spring Hanford Co Md	Oct 18 1932
20 UNDERTAKER	ADDRESS
Deaver & Foster	Bel Air Md

M. D. B. 1268-9

83614 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83614

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Ruxton ave St., 15-68 Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hanna Block

(a) Residence: No. 1915 Ruxton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Louis

6. DATE OF BIRTH (month, day, year) 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Eisenman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Miss Ida Block

(Address) 1915 Ruxton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Rd Date Oct 14 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 112 E Balto st

20. FILED ..., 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7th, 1932, to Oct 13, 1932.

I last saw h alive on Oct 13, 1932. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/12/32
angina Pectoris	1928
Hypertension	1924

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) L Pumbers, M. D.

(Address) 2320 Eutaw Pl.

8615 ✓ 83615

26535-03

Ped

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lorraine Johnson

(a) Residence: No. 1219 East Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	—

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) September

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lorraine Johnson

14. BIRTHPLACE (city or town) (State or country) D C

MOTHER

15. MAIDEN NAME Lula Clark

16. BIRTHPLACE (city or town) (State or country) D C

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10-17-32

19. UNDERTAKER Dwight Eaton

(Address) 916 Dr —

20. FILED ..... 19.. .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1932 to Oct 12, 1932

I last saw her alive on Oct. 12, 1932 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tbc. meningitis	Sept 23
Respiratory paralysis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. V. Bedford Jr M. D.

(Address) Johns Hopkins Hosp

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83616

CERTIFICATE OF DEATH

82-001

E 83616

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No Union Memorial Hospital St 13-57 Ward)

2-FULL NAME George M. Carnes (Cornes)

(a) RESIDENCE NO. 1215 Morling Ave. St., 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. - mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Katherine Carnes

6 DATE OF BIRTH (month, day, and year)
September 13, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	64	-	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Steam Fitter Helper
(b) General nature of industry, business, or establishment in which employed (or employer) 060
(c) Name of employer

9 BIRTHPLACE (city or town) .....
(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John H. Carnes

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Ireland

12 MAIDEN NAME OF MOTHER
Mary E. Crabson

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Maryland

14 Informant Thomas A. Carnes
(Address) 1215 Morling Ave.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1932.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John Mossinger, M. D.

. 19 (Address) 7632 Bolander

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Mary's Hampden

DATE OF BURIAL: Oct. 15 1932.

20 UNDERTAKER: Horace F. Burgee

ADDRESS: 360 Falls Rd.

OCT 14 1932

OK

Of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83617

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83617

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3708 Elm Ave St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary P. Houser

(a) Residence: No. 3708 Elm Ave. St., 13 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William E. Houser

6. DATE OF BIRTH (month, day, year): Nov. 6 1864

7. AGE: Years 67 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co, Md.

FATHER

13. NAME: John H. Freeland

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Harriett McCommon

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: William E. Houser

(Address) 3708 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct. 17 1932

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to Oct 13 1932

I last saw her alive on Oct 12 1932 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexia	10 mo

Other contributory causes of importance:

arterio Sclerosis.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hirsch M.D. M. D.

(Address) 2020 N. Calvert St.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83618

CERTIFICATE OF DEATH

107-001

E 83618

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W) 2608 Cole St. (Ward) 20-67

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Jane Dearing

(a) Residence: No. 2608 Cole Street, St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem.	white	infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) Dec. 30, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. - - - -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. - - - -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward C. Dearing

14. BIRTHPLACE (city or town) (State or country) Elkton, Va.

MOTHER

15. MAIDEN NAME Virginia Bartley

16. BIRTHPLACE (city or town) (State or country) Stanton, Va.

17. INFORMANT father

(Address) 2608 Cole St

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER

(Address) 533 Woodland St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1932 to Oct. 13, 1932

I last saw her alive on Oct. 13, 1932 Death is said to have occurred on the date stated above, at 7.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Broncho-pneumonia	Oct. 12, 1932
Other contributory causes of importance:	
Convulsions	4 hou

Name of operation - - - - Date of - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify - - - -

(Signed) Harry Leibel M. D.

10/14/32 (Address) 1224-1226 Hanover St.

M. D. H. 1268-9

E 83619 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83619

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp (Street) 18-16 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm M Garryhart

(a) Residence: No. 933 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — son

6. DATE OF BIRTH (month, day and year) Aug 26-1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Garryhart

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Helen Lang

16. BIRTHPLACE (city or town) (State or country) Ft Deposit Md

17. INFORMANT Helen Day
(Address) 933 Pierce

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Hope Cemetery Date Oct. 14, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 22 N. Schroeder Ste

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	4 Days
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner ... M. D.
(Address) ...

M. D. H. 1268-9

E 83620

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83620

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ...

CITY OF BALTIMORE: (No. Baltimore Md St., 1[illegible]-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Lockhardt

(a) Residence: No. 916 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	~~White~~ Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Lockhardt

6. DATE OF BIRTH (month, day, year) 11-1-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh, N.C.

FATHER

13. NAME Fletcher Lockhardt

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Oct. [illegible] 32

19. UNDERTAKER Mrs Kate F. Williams
(Address) 322 N. Schroeder St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10-32

22. I HEREBY CERTIFY, That I attended deceased from 2-13-32 to 10-10-32

I last saw h[illegible] alive on 10-10-32 Death is said to have occurred on the date stated above, at 11.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	2-1-32

Other contributory causes of importance:

Bronchopneumonia	5 days

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

10-11-32 (Signed) Chas. H. Fisher Jr. M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

L 83621 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 83621

CERTIFICATE OF DEATH

Registered No. 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Del Pegues

(a) Residence: No. 569 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Oct 11, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): South Carolina

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Marcia Austin
(Address) 1716 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Olivet Date: Oct 6, 1932

19. UNDERTAKER: Samuel H. Grace & Son
(Address) 231 N. Eutaw St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 12 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 , to , 19

I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of Skull	10/12/32
Other contributory causes of importance: Automobile Accident	10/12/32

Name of operation: none Date of

What test confirmed diagnosis? Xray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/12/1932

Where did injury occur? York Rd nr Beaumont Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street accident

Manner of injury: auto he was riding in

Nature of injury: upset on York Rd nr Beaumont

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 2200 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83622?

CERTIFICATE OF DEATH

82-03 E 83622

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2046 Bank St. 2-4 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Piechocka

(a) Residence: No. 2046 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Michael Piechocki

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Thomas Budacz.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Mrs. Urbanska

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Michael Piechocki
(Address) 2046 Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct 14. 1932

19. UNDERTAKER J. F. Chasanek
(Address) 1900 Eastern Ave

20. FILED ..... 19.. Sept Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arterial Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1205 Fallsway

M. D. B. 1268-9

E 83623

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83623

CERTIFICATE OF DEATH

V 30

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument & Rutland Ave. 5th Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Urbanski

(a) Residence: No. 833 S. Bond St. St., Ward. 519

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Rete Urbanski

14. BIRTHPLACE (city or town) (State or country) Poland

FATHER

15. MAIDEN NAME Mary Kopanska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Urbanska

(Address) 833 S Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date Oct 10 1932

19. UNDERTAKER J. W. Bozzuto

(Address) 1945 E Eastern Ave

20. FILED , 19 G.K.G. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1932, to Oct. 11, 1932

I last saw him alive on Oct. 11, 1932. Death is said to have occurred on the date stated above, at 11.30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of G. U. tract	?
Bladder stone	?
Other contributory causes of importance:	
Uremia	Oct 9

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. K. Cohen, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 83624 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83624

CERTIFICATE OF DEATH

V 124-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3028 Rayner Avenue St. 16-63 Ward)

Length of residence in city or town where death occurred 20 Years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfonso Forlenza

(a) Residence: No. 3028 Rayner Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Forlenza

6. DATE OF BIRTH (month, day, year) Sept. 6, 1875

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
57	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Prospero Forlenza

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Michelina D'Elia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Clara Forlenza

(Address) 3028 Rayner Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Oct. 15, 1932

19. UNDERTAKER George J. Ruth Sons

(Address) 1732 Pennsylvania Ave.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12, 1932

22. I HEREBY CERTIFY, That I attended deceased from May, 1932, to Oct. 12, 1932

I last saw h[illegible] alive on 10/12, 1932. Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. A. Gibson M. D.

(Address) 3704 Liberty Hts Ave.

E 83625

M.D.B. No. E 83625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 St Paul St. 12-14 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mollie Anderson Burgess

(a) Residence: No. 1006 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Millard F. Burgess

6. DATE OF BIRTH (month, day, year) about Jan 4 1862

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 70	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Isaac Anderson

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER

15. MAIDEN NAME Catharine Storney

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT D. H. J. Zirin (Son-in-law)
(Address) 1006 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmt Date Oct 15 1932

19. UNDERTAKER Hewitt Memorial Co
(Address) 1640 Eutaw Pl

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/27 1932 to 10/12 1932

I last saw h[illegible] alive on 10/12 1932. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Old age
Chron arthritis Deformans
Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter A Baetjer, M. D.

(Address) 1115 St Paul St

E 83626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83626

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 N. Paca St. 4-25 Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles B. Gorman

(a) Residence: No. 322 N. Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dorsey Gorman

6. DATE OF BIRTH (month, day, year) Feb 25-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Feathers

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goods Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Patrick J. Gorman

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Mary J. Bloudes

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mary R. Gorman
(Address) 322 N Paca St

18. BURIAL, CREMATION, OR REMOVAL
Place Ethical Cem. Date Oct 15 19 32

19. UNDERTAKER Chas. F. Grace & Son
(Address) 118 W. Mt. Royal Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12 19 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other contributory causes of importance: Arterio-sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1273 Eutaw Pl.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

118 E 83627

83627

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 Rock St., 18-26 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Turner

(a) Residence: No. 215 Rock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thomas Turner

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sadie Churchill

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. S. Turner

(Address) 215 Rock St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10/15 1932

19. UNDERTAKER Charles H. Laycock

(Address) 321 N. Carey St.

20. FILED OCT 14 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Dea'h is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Acute indigestion

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wagner Feller, M. D.
Coroner

(Address) 2739 Eastern Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83628 E 83628

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15-68 Ward 2)

Length of residence in city or town where death occurred 69 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Ella McCarthy

(a) Residence: No. 2829 Clifton Ave St., .. Ward. ..
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. McCarthy

6. DATE OF BIRTH (month, day, year) Sept 12, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	69	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Hugh Colongan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ~~Brady~~ Bridget Cralg

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 10/17 1932

19. UNDERTAKER Henry H. Meade and Son
(Address) 802 N. Eutaw St.

20. FILED .. 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/22 32 to 10/13 1932

I last saw h er alive on 10/13 1932. Death is said to have occurred on the date stated above, at 10:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance: Diabetes Mellitus	?

Name of operation Gastroenterostomy Date of 9/29/32
Chronic
What test confirmed diagnosis? ~~Operation~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .. Date of Injury .. 19..
Where did injury occur? ..
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ..
Manner of injury ..
Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ..

(Signed) J H Gardner M. D.
(Address) Mercy Hospital

A&Co. 5-31 250B

83629 HEALTH DEPARTMENT—CITY OF BALTIMORE

5/E 83629

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Cator Ave. St., 11-15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ~ mos. ~ ds. How long in U.S. If of foreign birth? 51 yrs. mos. ds.

2. FULL NAME William Kierwulf

(a) Residence: No. Loyola High School St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~

6. DATE OF BIRTH (month, day, year) ~ 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63 yrs.	~	~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loyola High School

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Copenhagen Denmark

FATHER

13. NAME Marcus Kierwulf

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Ahlfeldt

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Cator Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 10/15, 1932

19. UNDERTAKER Henry Th. Myers and Son
(Address) 703 W. Lombard St.

20. FILED ....., 19..... .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to October 13, 1932

I last saw him alive on October 13, 1932 death is said to have occurred on the date stated above, at 10:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Prostate gland with ? metastases to bladder	
Other contributory causes of importance: Cerebral vascular accident	10-12-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Albert Vondrus, M. D.

(Address) St. Agnes Hos

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83630 E 83630

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 E. Fayette St., 6-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Carter

(a) Residence: No. 1526 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University Md Date Oct 14, 19 33

19. UNDERTAKER Universal Funeral Home
(Address) Per Wm. E. Woods

20. FILED Oct 14 1933 THE MORGUE Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7, 19 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1365 Hollins St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83631 E 83631

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Walbrook Apts St. 15-67 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... dis. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... dis.

2. FULL NAME Frances S DeFrehn

(a) Residence: No. Walbrook Apts - Edgewood St., and Walbrook Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 13 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Williamsport Md

FATHER

13. NAME Edward P Stoffer

14. BIRTHPLACE (city or town) (State or country) Williamsport Md

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Williamsport Md

17. INFORMANT Mrs. A. G. Harkins

(Address) Walbrook Apts

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 17 . 1932

19. UNDERTAKER George J Smyth

(Address) 1532 Harlem St

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 . 1932 to Oct 14 . 1932

I last saw her alive on Oct 14 . 1932 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac - Mitral insufficiency	
Carcinoma - breast	1932
Operation for	Sept 14 1932
Myocardial failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in **Industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward H Hamaker M. D.

(Address) 1201 N. Calvert St.

M. D. H. 1268-9

E 83632

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83632

CERTIFICATE OF DEATH

Registered No. 87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1223 Division St. (Ward) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas E. Scott

(a) Residence: No. 1223 Division St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Helena E. Scott

6. DATE OF BIRTH (month, day, year): July 4 1888

7. AGE: Years 44 Months 2 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Chas E. Scott

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Helena E. Scott

(Address): 1223 Division

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Zion Date: Oct 15 1932

19. UNDERTAKER: Ehrmantraut Bros

(Address): 1000 Brantley

20. FILED: 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 13 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Sudden

Date of onset

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner . M. D.

(Address)

Spec.—1-12-23—M&T—500 Blks.

E 83633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 106

E 83633

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3605 Fourth St. (Brooklyn) ST. 25-75 WARD

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Theresa Remmey

(a) RESIDENCE NO. 3605 Fourth St. (Brooklyn) WARD
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem	white	widow

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Wm. G. Remmey

6 DATE OF BIRTH (month, day, and year) June 4, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer - - - -

9 BIRTHPLACE (city or town) (State or country) A. A. County, Md.

PARENTS

10 NAME OF FATHER Thomas Chaney

11 BIRTHPLACE OF FATHER (city or town) (State or country) A.A. County, Md.

12 MAIDEN NAME OF MOTHER Eliz. Marriott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) A. A. County, Md.

14 Informant Mrs A Hoffman
(Address) 403 Maulsby Ave

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12, 19 32

17 I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1932 to Oct. 12, 1932.
that I last saw her alive on Oct. 12, 1932,
and that death occurred, on the date stated above, at 5.45 A. m.
The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) - - - -

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? - - -

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? p. f.

(Signed) Thomas Leibel M. D.

10/14. 1932 (Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem DATE OF BURIAL Oct 15th 1932

20 UNDERTAKER Leo S. Cook ADDRESS 1723 Pattapsco ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83634

CERTIFICATE OF DEATH

E 83634

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 S Eoost St. 26-1 Ward)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Collins

(a) Residence: No. Annapolis Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David E Collins

6. DATE OF BIRTH (month, day, year) Oct. 19. 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Bortowski

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT David E. Collins

(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Annapolis Date Oct. 16. 1932

19. UNDERTAKER Geo M. Frank & Son

(Address) 811 W Hoopers

20. FILED Oct 17 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to Oct 14 1932

I last saw h. alive on Oct 14 1932. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor about 4/1/32
Semiplegia

Date of onset

Other contributory causes of importance: Cardiac Exhaustion

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Rogers M. D.

(Address) 806 Chestnut

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83635

E 83635

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1018 Stile ST., 3-5 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christina Bubenheimer

(a) RESIDENCE NO. 1018 Stile ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Bubenheimer

6 DATE OF BIRTH (month, day, and year) April 13-1848

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	5	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Christian Jeppardt

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Lena Bubenheimer

(Address) 1018 Stile St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 12-1932

17 I HEREBY CERTIFY, That I attended deceased from March 14, 1932, to Oct 12, 1932, that I last saw her alive on Oct 11, 1932 and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi A Di Stefano M. D.

Oct 12, 1932 (Address) 407 N. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Back. Cemetery

DATE OF BURIAL 10/15/1932

20 UNDERTAKER E. O. Lanning 1934-1938

ADDRESS 5 E. Fayette St

Spec. 1-10-21 M&T 1500 Bks.

E 83636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 E 83636

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1612 Gilford ave (St.) 12-19 (Ward)

2-FULL NAME Barnard McErlain

(a) RESIDENCE NO. 1612 Gilford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Mared

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah M C Erlain

6 DATE OF BIRTH (month, day, and year) Jan 24 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	72	9	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 067

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer White Motor Co

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER Samuel McErlain

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Bettie Ranie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs Bernard McErlain

(Address) 2009 Bordley st

15 Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1929 to Oct 17 1932

that I last saw him alive on Oct 17 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Uraemic Coma — 24 hours

Chr. Interstit Nephritis and

arterio - Sclerosis

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Left Hemiplegia

(duration) 3 yrs 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical exam.

(Signed) Thos L Straughn M. D.

10/18 1932 (Address) 2225 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 10/15/32

20 UNDERTAKER Joseph Ahrens — ADDRESS 221 Bway

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83637

E 83637

CERTIFICATE OF DEATH

122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward) 10-51

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise A. Keene

(a) Residence: No. 2804 Oak St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 5th 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary to Dr Gordon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Clarence A. Keene

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anetta Ruark

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Anetta Keene

(Address) 2804 Oak St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 15th 1932

19. UNDERTAKER Wm Cook

(Address) 847 E Fayette St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis- Intestinal obstruction

Gangrene intestine

Cause undetermined

Date of onset

Other contributory causes of importance:

(Oct 1 1932)

Name of operation Resection of Intestine Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John Homer M. D.
Coroner

(Address) 5085 York

1-30—M. & T.—100 B—50L

83638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83638

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital ST., (WARD)

2-FULL NAME George H. Anderson.

(a) RESIDENCE NO. 226 W. Monument St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 11 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Rena Anderson.

6 DATE OF BIRTH (month, day, and year) November 12, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	11	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman, 66
(b) General nature of industry, business, or establishment in which employed (or employer) Hat store.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John W. Anderson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth A. Swann.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant John W. Anderson. (brother)

(Address) 226 W. Monument St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 14, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

Arterio-sclerosis.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 226 W. Monument St. Oct. 13, 1932

Did an operation precede death? No. Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Hospital Autopsy

(Signed) Otto H. Leinhardt, M. D.

10, 14, 1932 19 (Address) 1017 E. Charles St. Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount — DATE OF BURIAL Oct 17th 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

THIS is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83639

CERTIFICATE OF DEATH

131 E 83639

REGISTERED NO. 27-43

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2916 Fleetwood ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Laurence A Wolf.

(a) RESIDENCE NO. 2916 Fleetwood ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Wolf

6 DATE OF BIRTH (month, day, and year) Aug 21- 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist

(b) General nature of industry, business, or establishment in whirh employed (or employer) Shop

(c) Name of employer B. & O. R.R.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Laurence A Wolf

11 BIRTHPLACE OF FATHER (city or town) Harrisburg (State or country) Penna

12 MAIDEN NAME OF MOTHER Eliza Sybrandt.

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md.

14 Informant Mrs Margaret A Wolf

(Address) 2916 Fleetwood Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 13- 32

17 I HEREBY CERTIFY, That I attended deceased from October 7, 1932, to October 13, 1932, that I last saw h[illegible] alive on Oct 13 1932 and that death occurred, on the date stated above, at 11.25 P m.

The CAUSE OF DEATH* was as follows:

Uraemia 6 Days.

Broncho Pneumonia 3d.

Myocarditis Hypertensive

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. 7 ds.

18 Whrre was disease contractrd if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uraalysis Sphyg.

(Signed) Thos. H. Stevens, M. D.

10/14 1932 (Addrss) 2878 Hartford

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Mrans and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Park

20 UNDERTAKER W. H. Cook

DATE OF BURIAL 10/17 1932

ADDRESS 1217 E Paul St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83640

CERTIFICATE OF DEATH

12 | E 83640

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals 1-7

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. 9 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irma Franklin

(a) Residence: No. 205 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec 28-1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Co Md-

FATHER

13. NAME Chas. Franklin

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDES NAME Jennie Allen

16. BIRTHPLACE (city or town) (State or country) Balto Co Md-

17. INFORMANT Hospital Records-
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Stork Md Date 10/17 1932

19. UNDERTAKER Wm Cyrus
(Address) 1217 E Pratt St

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-10 1932 to 10-13 1932

I last saw her alive on 10-13 1932 Death is said to have occurred on the date stated above, at 10:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Suppurative appendicitis and Peritonitis	9-5-32
Other contributory causes of importance: Thrombo-Phlebitis	9-15-32

Name of operation Appendectomy Date of 9-10-32

What test confirmed diagnosis? C.P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jas. Bonner Sibley M. D.

(Address) Balto City Hosp

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83641 E 83641

CERTIFICATE OF DEATH

154

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1463 Towsend (Towson St) St. 24-05 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Muelke

(a) Residence: No. 1463 Towsend St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Infant

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/13/32

7. AGE	Years	Months	Days	If LESS than 1 day, 13 hrs. or ... min.
			0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Albert Charles Muelke
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Maeanna Edell
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mae anna Muelke
(Address) 1463 Towsend St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Hosp. Date 10/15, 1932

19. UNDERTAKER C. Bernard Evans
(Address) 28 E. Preston St

20. FILED ..., 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/13, 1932 to 10/14, 1932

I last saw her alive on 10/13, 1932 death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Alexander Lowry M. D.

(Address) 1516 Madison Ave.

1-30—M & T.—100 B—501.

E 83642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83642

CERTIFICATE OF DEATH

1-PLACE OF DEATH (Annex) Jenkins Memorial Hospital

CITY OF BALTIMORE: (No.) St. Agnes Hospital (ST.) 12-50 (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Johanna Kennedy

(a) RESIDENCE NO. 2808 Greenmount Av (ST.) ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) ? ? ?

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Maid
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) ..... (State or country) Ireland

PARENTS

10 NAME OF FATHER Martin Kennedy

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Ireland

12 MAIDEN NAME OF MOTHER Ann Shea

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Ireland

14 Informant Jenkins Memorial Hosp.

(Address) Annex St. Agnes Hospital

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis with myocardial degeneration. Fracture left femur by falling from chair to floor while in Hospital — Accidental

(duration) yrs. 3 mos. 25 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) yrs. ..... mos. 7 ds.

18 Where was disease contracted if not at place of death? at Jenkins Memorial Hospital

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Physical Signs

(Signed) Guy W. Cromwell, M. D. Coroner

10/14 1932 (Address) 203 Talbot Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Oct 15 1932

20 UNDERTAKER Mary M Warfield

ADDRESS 607 E 22

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

83643

CERTIFICATE OF DEATH

82-201

E 83643

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Pentman St. 14-20 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Reynolds

(a) Residence: No. 405 Pentman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry W. Reynolds

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Beatrice Reynolds
(Address) 405 Pentman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnnies Md Date 10/16/ 1932

19. UNDERTAKER Archibald A. Gaddis
(Address) 1508 E. Eutaw St.

20. FILED 10/15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/9/32, 1932, to 10/13, 1932

I last saw h.. alive on 10/12/32, 1932, death is said to have occurred on the date stated above, at 1 p 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy x	
Paralysis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) B. W. Kurtz, M. D.

(Address) 2134 E. Eutaw

M. D. B. 1268-9

E 83644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83644

CERTIFICATE OF DEATH

82-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5101 Roland Ave St., 27 Ward) 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Frances Sheldon

(a) Residence: No. 5101 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Henry Sheldon

6. DATE OF BIRTH (month, day, year) June 3. 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Chesterton
(State or country) A A Co Md

FATHER

13. NAME Thos Beale

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Thomas

16. BIRTHPLACE (city or town) A A Co Md
(State or country)

17. INFORMANT Mrs Isabelle Owens
(Address) 501 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Catonsville, Md Date Oct 5. 193

19. UNDERTAKER H. J. Eichenlaub & Sons
(Address) 1501 Park Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1st 193

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1932 to Oct 4th 193

I last saw her alive on Oct 1st 193 Death is said to have occurred on the date stated above, at 1 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	July 1932
Arteriosclerosis	

Other contributory causes of importance:

Arthritis, senility	Jan 1923

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Bullard M. D.

(Address) 700 N Calvert St

Spec.—2-29-28—L. F. S.—500 Bks.

E 83645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83645

121

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. 27-48 (WARD)

2—FULL NAME Christine Roeder

(a) RESIDENCE NO. 400 Cedarcroft Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 10 mos. 13 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 1st, 1920

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	10	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER Christian Roeder

11 BIRTHPLACE OF FATHER (city or town) Balt. Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary F. Mohr

13 BIRTHPLACE OF MOTHER (city or town) Balt. Md
(State or country)

14 Informant Hospital Records
(Address)

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14- 1932

17 I HEREBY CERTIFY, That I attended deceased from 10-11-32, 19..., to 10-17, 19 32, that I last saw her alive on 10-14-32, 19..., and that death occurred, on the date stated above, at 11:50 Am.

The CAUSE OF DEATH* was as follows:

Ruptured appendix with generalized Peritonitis

(duration) ... yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Respiratory Failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10-11-32

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. J. Chassel, M. D.

, 19 (Address) Md. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Ridge Cem.	Oct. 15 1932
20 UNDERTAKER	ADDRESS
Wm. J. Tuckner & Son	N. Pa. Ave.

M. D. B. 1268-9

E 83646

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83646

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL ..... St., ... Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Laura Lixourgas

(a) Residence: No. 202 S Oldham St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-15-31

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Louis Lixourgas

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Oct 15, 1932

19. UNDERTAKER Wm C. Fuller & Bro. (Address) 1735 E. Baltimore St

20. FILED OCT 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct-11, 1932 to Oct 13, 1932

I last saw h.r alive on Oct 13, 1932 Death is said to have occurred on the date stated above, at 10.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	10-1-32
Other contributory causes of importance:	
Acidosis	10-10-32
dehydration	10-10-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Bickford Jr. M. D.

(Address) Johns Hopkins Hosp

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83647

CERTIFICATE OF DEATH

24 E 83647.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden ham Hospital St., 16-26 Ward)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lorraine Palmer

(a) Residence: No. 10 So. Carlton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 7, 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Burton Palmer
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ruth Anderson
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Thomas Anderson
(Address) 10 So Carlton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 15th 1932

19. UNDERTAKER A. Jones
(Address) 1112 Pulaski St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Oct 12, 1932

I last saw her alive on Oct 12 1932 death is said to have occurred on the date stated above, at 6 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	10/8/32

Other contributory causes of importance:

None

Name of operation None Date of ...

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) A. Pete Meranski M. D.
(Address) Lydenham Hospital

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83648

E 83648

CERTIFICATE OF DEATH

REGISTERED NO. 50

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 846 Vine ST., 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Irene Byrd

(a) RESIDENCE NO. 846 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: Col'd

5 Single, Married, Widowed, or Divorced, (write the word): Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jas Byrd

6 DATE OF BIRTH (month, day, and year)

7 AGE: 41 Years | Months | Days | If LESS than 1 day, ...hrs. or....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: Riley Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant: Richard Howard (Address) 846 Vine

15 Filed ....., 19.... Registrar

OCT 15 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 12/32

17 I HEREBY CERTIFY, That I attended deceased from Oct 2, 1932, to Oct 12, 1932, that I last saw h alive on Oct 12, 1932, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Cancer

Breast

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Norwood M. D.

Oct. 14/32 (Address) 934 N Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Oct 15, 1932

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 3224 Schroeder St.

M. D. R. 1268-9

E 83649 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83649

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 Eutaw Place St. 14-20 (Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna V. Broadbeck

(a) Residence: No. 1528 Eutaw Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James A. Broadbeck

6. DATE OF BIRTH (month, day, year) Feb. 21, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George H. Hardy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Beatty

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James A. Broadbeck, Jr.
(Address) 4815 Reisterstown Road

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral cem. Date Oct. 17, 1932

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.17 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7th 1932 to Oct 14th 1932
I last saw her alive on Oct 13th 1932 Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1931

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Phys diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. Silverhorn M. D.

(Address) 1901 Eutaw Place

M. D. B. 1268-3

E 83650 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83650

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Smith

(a) Residence: No. 534 Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Smith

6. DATE OF BIRTH (month, day, year) Jan 1 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottle Examiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Factory

10. Date deceased last worked at this occupation (month and year) 3 mo

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Cato Md

FATHER

13. NAME John Carroll.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lucy Williams

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Daisy Estes.

(Address) 534 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 9/16/32

19. UNDERTAKER Charles F. Cooper

(Address) 574 N. Calhoun St

20. FILED , 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2.40 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Acute Bronchitis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83651

CERTIFICATE OF DEATH

E 83651

Registered No. 210-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St. 4-25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Clifford

(a) Residence: No. 661 W. Vine St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME James Clifford

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Jones

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ida Johnson
(Address) 661 W. Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 11/16/32 19

19. UNDERTAKER Charles H. Cooper
(Address) 514 N. Caldwell St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured right femur	
Anemia	10/4/32
Other contributory causes of importance:	
Struck by automobile	10/4/32

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10/4/32

Where did injury occur? Fayette & Paul St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street Accident

Manner of injury Struck by automobile

Nature of injury Fracture right femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Tolany Coroner ... M. D.

(Address) 2200 E. Madison St

1-30—M. & T.—100 B—59L

E 83652

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83652

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 S. Sharp St. ST., 22-31 WARD)

2-FULL NAME Sonney Jackson. (C)

(a) RESIDENCE NO 808 S. Sharp St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ————

6 DATE OF BIRTH (month, day, and year) September 13, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Richard Jackson. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Pricy E. Doorn. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Richard Jackson. (C) father.
(Address) 808 S. Sharp St.

15 Filed ..... 192 .... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 14, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency.
Congenital.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto H. Finnegan, M. D.
Coroner

10/15/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Ct — DATE OF BURIAL 10/15/32

20 UNDERTAKER Isaiah L Brown & Son — ADDRESS 1018 Madison Ave

M. D. R. 1268-9

E 83653 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83653

CERTIFICATE OF DEATH

Registered No. 17-24 34

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Beasley

(a) Residence: No. 562 Oxford st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Beasley

6. DATE OF BIRTH (month, day, year) Aug. 20, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Ben Beasley

14. BIRTHPLACE (city or town) (State or country) Blackstone Virginia

MOTHER

15. MAIDEN NAME Lucy Foster

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10/6/32

19. UNDERTAKER Mrs. John B. Saunders
(Address) 1720 E. Madison St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13 19 32

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 19 32 to Oct. 13 19 32

I last saw him alive on Oct. 13 19 32 Death is said to have occurred on the date stated above, at 5.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1931
Syphilis	Unknown
Other contributory causes of importance:	
Chronic lung abscess	April 1927

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Rees M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

E 83654 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83654

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 S. Monroe St. St., 70-28 Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Life

2. FULL NAME Mary A. Rombach

(a) Residence: No. 314 S. Monroe St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Rombach

6. DATE OF BIRTH (month, day, year) June 27, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Montague

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Gallagher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Louise Rombach
(Address) 314 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct. 17, 19 32
Fitzpatrick

19. UNDERTAKER
(Address) 4101 Edmondson Ave.

20. FILED 5 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1932 to Oct-13, 1932

I last saw her alive on Oct-12 1932 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	9/5/32
Other contributory causes of importance: Partial Intestinal Obstruction	10/1/32
Exhaustion, Edema	10/11/32

Name of operation ..... Date of .....

What test confirmed diagnosis? + C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James A. Lazenby M. D.

(Address) 714 Third Nat'l Bank

Spec—9-30—A. & Co.—250 Blks.

E 83655

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83655

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 335 S. Mount St. 19-24 WARD)

2 FULL NAME Vincent Tomlinson

(a) RESIDENCE NO. 335 S. Mount ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Susie Tomlinson

6 DATE OF BIRTH (month, day, and year) Nov. 14 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	30	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) (general laboring)

(c) Name of employer not employed.

9 BIRTHPLACE (city or town) (State or country) Balto., Md.

PARENTS

10 NAME OF FATHER William Tomlinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond, Va.

12 MAIDEN NAME OF MOTHER Sarah E. Clemson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs Mary Mueller
(Address) 335 S. Mount St.

15 Filed 5 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 13, 1932, 10:30 a.m.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1932, to Oct 13, 1932
that I last saw him alive on Oct 13, 1932
and that death occurred, on the date stated above, at 10:30 a.m.
The CAUSE OF DEATH* was as follows:

Chronic myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) — Lee & Krupp M. D.

1932 (Address) 3030 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL 10/17 1932

20 UNDERTAKER Henry Rauth

ADDRESS 4101 E. Monument Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83656

CERTIFICATE OF DEATH

83656 26-354

Registered No. 72-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Leichsenring

(a) Residence: No. 45 Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Child

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) 9/24/25

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	—	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Decatur Illinois

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Agnes Nachtman

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Cem. Oct. 17, 1932

19. UNDERTAKER Harry Weitzel
(Address) 1101 Edmondson Ave.

20. FILED 5 Oct., 19 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-29-1932 to 10-14-1932

I last saw him alive on 10-14-1932. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	9-20-32
Secondary Anemia	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Edward J. Nolan, M. D.

(Address) J. H. H.

M. D. B. 1268-9

83657 HEALTH DEPARTMENT—CITY OF BALTIMORE 83657

CERTIFICATE OF DEATH

99V

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 17 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME M. Richard E Lay

(a) Residence: No. 1829 Bolton St. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Josephine Zilly

6. DATE OF BIRTH (month, day, year): Nov 27 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	56	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cast iron molder in foundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Last few years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington, D.C.

FATHER

13. NAME: Thomas M Lay

14. BIRTHPLACE (city or town) (State or country): Washington, D.C.

MOTHER

15. MAIDEN NAME: Anna Roach

16. BIRTHPLACE (city or town) (State or country): Washington, D.C.

17. INFORMANT: Undertk E Lay
(Address) 1829 Bolton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Dong Green Mt. Date 10/15 1932

19. UNDERTAKER: Henry W. Rogers and Son
(Address) 805 N. Calvert St.

20. FILED ...-10... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1932, to October 14, 1932.
I last saw h(e) alive on October 14, 1932. Death is said to have occurred on the date stated above, at 9:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
Coronary Occlusion (found at autopsy)	10-10-32
Other contributory causes of importance:	
Pulmonary Congestion	10-12-32
Auricular fibrillation	10-12-32
Arteriosclerosis	Yrs

Name of operation: Explor Lap. Date of: 10-14-32
What test confirmed diagnosis: Expl Lap. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ...If so, specify.....

(Signed) Robert W. Garis M. D.
(Address) Union Memorial Hosp.

Spec.—9-30—A. & Co.—250 Bks

E 83658 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83658

CERTIFICATE OF DEATH.

✓ 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 4508 St George Ave ST. 27-48 (WARD)

REGISTERED NO. 27-48
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella L Davenport

(a) RESIDENCE NO. 4508 St George Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ William Davenport

6 DATE OF BIRTH (month, day, and year) Sept 16, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	25		27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 037

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bath Md

PARENTS

10 NAME OF FATHER William Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Nellie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Nellie Butler
(Address) 4508 St George

15 Filed ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13, 1932

17

I HEREBY CERTIFY, That I attended deceased from June 15, 1932, to Oct 13, 1932

that I last saw her alive on Sept 15, 1932

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

8 ?
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C William Frey M. D.

Oct 16 1932 (Address) 1928 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sparks Maryland — DATE OF BURIAL Oct 16 1932

20 UNDERTAKER Joseph A. Lively — ADDRESS 409 N Mount St

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83659

E 83659

108

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1326 West Baltimore St. (or) 25th WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Abel C Henriekle

(a) RESIDENCE NO. 1326 West Baltimore St. 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret Henriekle

6 DATE OF BIRTH (month, day, and year) Jan 16, 1901

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	8	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Trackman

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R.

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Md

PARENTS

10 NAME OF FATHER Abel C. Henriekle

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country)

12 MAIDEN NAME OF MOTHER Ada J. Otis

13 BIRTHPLACE OF MOTHER (city or town) Cincinnati O. (State or country)

14 Informant Frank S. Henriekle

(Address) Seiphen Run Rd.

15 Filed ..... 19.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 13, 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 9, 1932, to Oct 13, 1932

that I last saw him alive on Oct 13, 1932

and that death occurred, on the date stated above, at 1.23 P.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(Right lower)

(duration) ....yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H. Lawrence Wheeler M. D.

10/13/1932 (Address) 2410 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 8/15 1932

20 UNDERTAKER Edward Tudor

ADDRESS Park Ave

OCT 15 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83660

83660

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 S. Washington St. St., 2-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Tyler.

(a) Residence: No. 325 S. Washington St. St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced
HUSBAND of ~~[illegible]~~ Mary J. Tyler.

6. DATE OF BIRTH (month, day, year) Mar. 22 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M & M Trans Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mathew A. Tyler.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Virginia White. (daughter)
(Address) 325 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 17. 1932

19. UNDERTAKER Lilly & Deiler Inc.
(Address) 4038 Eastern Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry 19 to 19
I last saw him alive on inquiry Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	10/6/32
Pneumonia	10/8/32
Other contributory causes of importance: Automobile Accident	10/6/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/6 1932

Where did injury occur? Eastern Ave & East St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking across Eastern Ave

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Joseph Pokorny M. D.
Coroner

(Address) City Physician

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

83661

CERTIFICATE OF DEATH.

106 001 E 83661

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 S. Ann Street ST. 2-4 WARD)

2-FULL NAME Rosalie . Makowski

(a) RESIDENCE NO. 802 S. Ann Street ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year) August 24 1932

7 AGE: Years — Months 1 — Days 20 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Stanley . Makowski

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Michalina . Jankowiak

13 BIRTHPLACE OF MOTHER (city or town) Poland (State or country)

14 Informant: Mrs. Michalina . Makowski

(Address) 802 S. Ann Street

15 Filed OCT 15 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 8 1932 to Oct. 14 1932 that I last saw h[illegible] alive on Oct. 14, 1932 and that death occurred, on the date stated above, at 7.40 P. m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P. S. & S.

(Signed) John J. Kluger M. D.

19 (Address) 26 E. Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem — DATE OF BURIAL: Oct 15 1932

20 UNDERTAKER: John M Weber — ADDRESS: 401 S. Chester St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

83662 | 83662

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 n Exeter ST. 5-8 WARD)

2-FULL NAME Roy Nelson

(a) RESIDENCE NO. 252 n Exeter ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	wht	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amy R. McIntosh.

6 DATE OF BIRTH (month, day, and year) Jan 1 1886

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46 yrs	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Not known
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salem Alabama

PARENTS

10 NAME OF FATHER Richard Mc. Nelson

11 BIRTHPLACE OF FATHER (city or town) Goldsboro (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Mary A. McFaddin

13 BIRTHPLACE OF MOTHER (city or town) Greensboro (State or country) Alabama

14 Informant J. L. Durham Penniman
(Address) Kearney Bldg.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 7 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis
Alcoholic

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

10/8 19 (Address) 2012 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park

DATE OF BURIAL 10-17 1932

20 UNDERTAKER Henry W. Jenkins' Sons Co.

ADDRESS Orchard & McCulloh

M. D. B. 1268-9

E 83663 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83663

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-54 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Myra Rice

(a) Residence: No. 801 Newington ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 11 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph F. Rice

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lena Gallum

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph F. Rice

(Address) 801 Newington ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern ave Date Oct 16, 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1932 to October 15, 1932

I last saw her alive on October 15, 1932 Death is said to have occurred on the date stated above, at 2:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Idiocy

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) A. B. Cohen, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

E 83664 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83664

CERTIFICATE OF DEATH

Registered No. 162-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) West Balto Gen Hosp St. 6-66 (Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alvin E. Finey Height
(a) Residence 2540 Calvert St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No

6. DATE OF BIRTH (month, day and year) July 11 1923

7. AGE Years 9 | Months 3 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year) Sept 1932 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Carroll F Finey
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Helen E Burpacher
16. BIRTHPLACE (city or town) (State or country) New Freedom Pa

17. INFORMANT Helen E. Finey
(Address) 2540 Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place New Freedom Pa Date Oct 18 1932

19. UNDERTAKER Mrs Mrs J N Teufel & Son
(Address) 501 W Fayette St

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....
I last saw h alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Suffocated by Sand	
(Other contributory causes of importance:) Was playing sand bank fell on body.	

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide ..... Date of injury ..... 19....
Where did injury occur? Hillcrest Raynor Rd
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury Bank fell on body
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) F. C. Luck M. D.
Coroner
(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83665 E 83665

CERTIFICATE OF DEATH

Registered No. 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2747 Winchester St. 70-65 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline L. Nunner

(a) Residence: No. 2747 Winchester St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: John Nunner

6. DATE OF BIRTH (month, day, year): Dec. 4. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George Aetpeter

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Elizabeth N. Glendenning

(Address) 2747 Winchester St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Oct 17. 1932

19. UNDERTAKER: Mr. & Mrs. John W. Teufel & Son

(Address) 5012 E. Fayette St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20. 1931. to Oct 13. 1932.

I last saw her alive on Oct 13. 1932. Death is said to have occurred on the date stated above, at 7.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	Autumn 1931

Other contributory causes of importance:

none	
embolism in right thigh	Oct 11 32

Name of operation: none Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Leon Hemmeter M. D.

(Address) 3002 Guilford Blvd.

A&Co. 5-31 250B

Frank Hall

HEALTH DEPARTMENT—CITY OF BALTIMORE

83666

E 83666

CERTIFICATE OF DEATH

92-22

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME Instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley St. (Ward) 10-14

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Hall

(a) Residence: No. Little Sisters of the Poor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hall

6. DATE OF BIRTH (month, day, year) Dec 13, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Peter Hall

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Theresa Archer

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Good Mother
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 10/18/ 1932

19. UNDERTAKER Rita Wiedefeld
(Address) 914 E Fremont Ave

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1932, to Oct 15, 1932

I last saw him alive on Oct 14 1932 death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia Right side	Oct 7 1932

Other contributory causes of importance:

Arteriosclerosis
Chr Endocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Phil Carlson, M. D.

(Address) 111 W Hoffman

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83667

CERTIFICATE OF DEATH

179 E 83667

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 E. Chase St., 10-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Aretha May Scherer

(a) Residence: No. 1410 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Curtis T. Scherer
14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Mabel Curtis
16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Mabel Scherer
(Address) 1410 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 10-17 1932

19. UNDERTAKER Byron & Mamie Knight
(Address) 1218 McElderry St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1932 to Oct 13 1932
I last saw h[illegible] alive on Oct 13 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	1 yr ago

Other contributory causes of importance:

General debilitation and Bronchitis	3 wks

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) [illegible] M. D.
(Address) 492 Monument St

Spec.—1-30—M. & T.—250 Bks

E 83668

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83668

CERTIFICATE OF DEATH.

97

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 N. Caroline St. ST., 7-13 WARD)

2-FULL NAME William Fitchett

(a) RESIDENCE NO. 833 N. Caroline St. ST., WARD

(Usual place of abode) ditto (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	col.	married

5a If married, widowed, or divorced HUSBAND of or) WIFE of Mary Fitchett

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	#	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) unskilled

(c) Name of employer none.

9 BIRTHPLACE (city or town) (State or country) Eastville Va

PARENTS

10 NAME OF FATHER Isaac Fitchett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastville, Va.

12 MAIDEN NAME OF MOTHER Bridget Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastville, Va.

14 Informant Mary Fitchett

(Address) 833 N. Caroline St.

15 Filed 6 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 14. 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1932 to Oct. 14, 1932

that I last saw h-live on Oct. 13, 1932

and that death occurred, on the date stated above, at 3.15 p.m.

The CAUSE OF DEATH* was as follows:

Pneumonia

Several weeks

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) General asthenia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) E. Mayfield Boyle M. D.

16/10 1932 (Address) 1015 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem

DATE OF BURIAL 10-17 1932

20 UNDERTAKER Byron & Marine Wright

ADDRESS 1218 McElderry St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83669

CERTIFICATE OF DEATH

131 E 83669

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2921 Edmondson Ave. St., 20-70 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert B. Elliott,

(a) Residence: No. 2921 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Elliott,

6. DATE OF BIRTH (month, day, year) February 22. 1861

7. AGE Years	Months	Days, if LESS than 1 day, hrs. or min.
71	7	24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Robert O. Elliott,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary E. Bean,

16. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

17. INFORMANT Mrs Virginia Sevier,
(Address) 2921 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date OCT 18 1932 19

19. UNDERTAKER George W. Little,
(Address) 2700 Edmondson Ave.

20. FILED . 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 15 1932 . 19

22. I HEREBY CERTIFY, That I attended deceased from January 30. 1930. to Oct 15 . 1932
I last saw h living on Oct 14. 1932 Death is said to have occurred on the date stated above, at 10.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis.	several years duration.
Chronic myocarditis with Cardiac Hypertrophy - Mitral Regurgitation.	
Chronic Nephritis.	
Other contributory causes of importance:	
Cellulitis of skin subcutaneous tissues right side of neck.	4 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. W. Mitchell. M. D.

(Address) 2921 Edmondson Ave.

M. D. B. 1268-9

83670

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83670

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 Aisquith Street St. 9-16 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Martin

(a) Residence: No. 1536 Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bernard L. Martin

6. DATE OF BIRTH (month, day, year) Jan. 10, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME James Reiley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Rose Reiley

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Bernard L. Martin 1536 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Park Cem. Date Oct. 17, 1932

19. UNDERTAKER (Address) Geo. J. Roth Inc. 1738 Boyd St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10.14. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1932. to October 14, 1932.

I last saw her alive on Oct. 14 1932. Death is said to have occurred on the date stated above, at 3.20 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset, June 20
Bronchial Pneumonia (terminal) — Oct. 12.
Arteriosclerosis.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Pt Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph S. Blum M. D.

(Address) 133 E. North Ave

Cor.—10-10-29—A Co.—100 Bks.

E 83671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83671

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Johns Hopkins Hospital St., 7-9 Ward)

2-FULL NAME Edgar Allen Smith

(a) RESIDENCE NO. Ridgely Ave. near Joppa Road Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of —————

6 DATE OF BIRTH (month, day, and year) May 31. 1932

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	—————	4	I6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Charles Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Georgia Smith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Margaret M. Smith
(Address) Ridgely Ave. & Joppa Rd.

15 Filed —— ——, 19—— Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October I6, I932. 192

17 7/05 A. M. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia (Probably Terminal)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Acute gastrointestinal Disturbance- (duration) yrs. mos. ? ds.

18 Where was disease contracted if not at place of death? At home ?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) [illegible], M. D.
Oct 16/32 (Address) 100 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Govans

DATE OF BURIAL Oct. 18, 19 32

20 UNDERTAKER Horace F. Burgee

ADDRESS 3131 Falls Rd

Important. See instructions on back of certificate.

M. D. H. 1268-9

83672 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83672

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Mary Ave St. 27-43 Ward)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua L. Lutz

(a) Residence: No. 4401 Mary Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah D. Lutz

6. DATE OF BIRTH (month, day, year) Aug. 27, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	78	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME John Lutz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Hook

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mazie L. Alder

(Address) 4401 Mary Ave.

18. BURIAL, CREMATION OR REMOVAL

Place Carroll Chapel Date Oct. 17- 1932

19. UNDERTAKER Horace F. Burgee

(Address) 3631 Falls Road

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14- 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1932 to Oct 14 1932

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at 11:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis	Oct
Pneumonia	9 32

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert L. Levy M. D.

(Address) 4 E. Franklin St.

M. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83673

E 83673

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 14-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ruth Dimeler

(a) Residence: No. 1341 Ramsey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 11th 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Geo Dimeler

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Fogarty.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr Geo Dimeler

(Address) 1341 Ramsey

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 10/17 1932

19. UNDERTAKER John F Cowan & Son

(Address) 90 Saratoga St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-10 1932 to 10-15 1932

I last saw her alive on 10-15 1932. Death is said to have occurred on the date stated above, at 5 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	2 wks ago
Other contributory causes of importance: Bronchopneumonia	2 days ago

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Emil J. P. Hildenbrand M. D.

(Address) Univ. Hospital

M. D. B. 1268-9

83674 HEALTH DEPARTMENT—CITY OF BALTIMORE 83674

CERTIFICATE OF DEATH

178-0

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 S Bimey St. 1-3 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME Ignacy Jednorski

(a) Residence: No. 919 S Bimey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	77		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Joseph Frasek
14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Adam Jednorski
(Address) Furnes Run Emy

18. BURIAL, CREMATION, OR REMOVAL
Place St. Casimirs Date Oct. 17. 1932

19. UNDERTAKER Stefan J. Fialkowski
(Address) 1000 N. Kenwood Ave

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 . 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation	
Carbon Monoxide Poisoning	
Accidental	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury Oct 14 1932
Where did injury occur? Home 919 S Bimey
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Asphyxiation
Nature of injury Carbon Monoxide Poison

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) J. J. Iverson M D M. D.
Coroner
(Address) 1305 N Patterson Park Ave

Spec.–7-17-26–A Co.–200 Bks.

E 83675

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83675

CERTIFICATE OF DEATH

48

REGISTERED NO. 24-33

1-PLACE OF DEATH

City of BALTIMORE: (No. 1265 Riverside St. 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie E. Ishring

(a) RESIDENCE NO. 1265 Riverside St. 24th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Ishring

6 DATE OF BIRTH (month, day, and year) — 1881

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	51	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md

(State or country)

PARENTS

10 NAME OF FATHER Leonard Burkert

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Rudolph

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md

(State or country)

14 Informant Joseph Ishring

(Address) 1265 Riverside Ave.

15 Filed — 19 — Registrar

P. O. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1932 October 15

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1932 to Oct 15, 1932

that I last saw h~~e~~ alive on Oct 15, 1932

and that death occurred, on the date stated above, at 4.00 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Cerebral Uremia

(duration) yrs. mos. d:

18 Where was disease contracted —

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A Ehrenfried, M. D.

. 19 (Address) 337 S. Charles St

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. Co. Date of Burial Oct 17 1932

20 UNDERTAKER John D. Dahey ADDRESS 1818 Light St.

Spec.—2-29-28—L. F. S.—500 Bks.

Charles W. Freeman

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83676

83676

CERTIFICATE OF DEATH

46

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Mansfield Gen Hosp ST. 15-63 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mr. C. W. Freeman

(a) RESIDENCE NO. 3912 Dorchester Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs C W Freeman

7 DATE OF BIRTH (month, day, and year) Oct 8, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

10 NAME OF FATHER Joseph Freeman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hunterstown Pa.

12 MAIDEN NAME OF MOTHER Mary J. Rauby

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West minster md.

14 Informant Hospital Records

(Address)

Filed OCT 17 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15, 1932

17 I HEREBY CERTIFY, That I attended deceased from 10/2/32, 19 to 10/15/32, 19

that I last saw h[illegible] alive on 10/15/32, 19

and that death occurred, on the date stated above, at 5 00 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Head of Pancreas

Hydrops of gall bladder

(duration) yrs. 2 mos. (?) ds.

CONTRIBUTORY (Secondary) Heart failure (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/11/32

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) L. J. Chance M. D.

, 19 (Address) Md. Gen. Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Oct 17 1932

20 UNDERTAKER J. M. Knutson — ADDRESS 2238 N. North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83677

E 83677

CERTIFICATE OF DEATH

82001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3910 Woodlea St., 27th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia A Hohman

(a) Residence: No. 3910 Woodlea St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (~~write the~~ word)
Female	White	

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Divorced

6. DATE OF BIRTH (month, day, year) April 11, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country)

FATHER

13. NAME Frederick Butling

14. BIRTHPLACE (city or town) Ger
(State or country)

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mrs Ella Ahlfeldt

(Address) 3910 Woodlea

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Oct 17, 1932

19. UNDERTAKER J Fen Ulbrich

(Address) 2008 Orleans

20. FILED Oct 17, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1932 to Oct 13, 1932

I last saw h..... alive on Oct 13, 1932. Death is said to have occurred on the date stated above, at 11 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Other contributory causes of importance: Exhaustion	

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury "

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? none

(Signed) W. D. Coyle, M. D.

(Address) Corner Southern

AaCo. 5-31 250B

E 83678 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83678

CERTIFICATE OF DEATH

✓ 87-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 N. Stricker St., 16-22 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Maggie Foote

(a) Residence: No. 925 Stricker (N.) St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Foote

6. DATE OF BIRTH (month, day, year) June 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Wm Dorsey

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mary Dorsey

(Address) 1203 Aisquith St. Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Date Oct. 17, 1932

19. UNDERTAKER D. J. B. Jones

(Address) Annapolis

20. FILED OCT 17 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 14, 1932

I last saw her alive on Oct 14, 1932 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/5/32
(Hemiplegia)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. Estell, M. D.

(Address) 113 N. Eutaw

AaCo. 5-11 250B

83679 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. E 83679

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital St. 21-28 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Gaskins

(a) Residence: No. 1424 Ward Street St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Over 5 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME David Gaskins

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknwon

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 13- 5:15 PM 1932, to October 13, 1932

I last saw him alive on October 13, 1932 death is said to have occurred on the date stated above, at 8:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia, Inguinal, left, indirect	5 days
Obstruction, intestinal	5 "
O.K. Coroner [illegible]	
Other contributory causes of importance	
Shock, post operative	2 hrs.

Name of operation Repair of Hernia Date of 10-13-32

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) G. Abbott, M. D.

(Address) U.S. Marine Hospital

Spec.—1-12-23—M&T—500 Blks.

E 83680

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97 201

E 83680

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 943 Bennett Place ST. 18-W WARD)

2-FULL NAME Blanch Anderson

(a) RESIDENCE NO. 943 Bennett Pl. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced (or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	—	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): Home work

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Wm Anderson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Annie Ruse

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Caroline Carey

(Address): 943 Bennett Place

15 Filed ... , 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-14 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1932 to Oct 14, 1932, that I last saw h[illegible] alive on Oct 13th, 1932, and that death occurred, on the date stated above, at 9:40 a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) 1/2 yrs. — mos — ds.

CONTRIBUTORY (Secondary): Asthma

(duration) ... yrs. 9 mos. ... ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) H. E. Carey, M. D.

, 19 (Address) 1433 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn

DATE OF BURIAL: 10-17 1932

20 UNDERTAKER: Samuel Handley

ADDRESS 1918 Eden

Spec.—2-29-28—L. F. S.—500 Bks.

83681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ E 83681

72-002

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 735 N. Edm ST., 10-13 WARD) 7.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wyman Shinonovitz or Simon

(a) RESIDENCE NO. 735 N. Edm. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Shinonovitz

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER William Shinonovitz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Rosa Unsan?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Mrs S. Shinonovitz

(Address) 735 N. Edm

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 15 32

17 I HEREBY CERTIFY, That I attended deceased from July 15, 19 32, to Oct 15, 19 32,

that I last saw h[illegible] alive on Oct 14, 19 32

and that death occurred, on the date stated above, at 3.32 P. m.

The CAUSE OF DEATH* was as follows:

Hodgkins Disease

Chronic Pneumonia Nephritis

(duration) yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) Mitral Regurgitation Decomp

(duration) yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes Date of July 1932

Was there an autopsy? No

What test confirmed diagnosis? Microscopic & Hodgkins

(Signed) Thos. J. A. Stevens, M. D.

10/16, 19 32 (Address) 2818 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Herring Run

DATE OF BURIAL 10-17 19 32

20 UNDERTAKER Jack Lewis

ADDRESS 1439 E Balto St

M. D. B. 1268-9

Samuel Lemel

83682 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83682

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-9 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Lemel

(a) Residence: No. 1500 Mc Elderry st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year): Dec. 11, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	45	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 045

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Jonas Lemel

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Dora Landel

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Ida Lemel

(Address) 1500 Mc Elderry st

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Mem Pk Date Oct 17, 1932

19. UNDERTAKER Sol Kramer & Bro

(Address) 1121 E Biddle st

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1932 to October 15, 1932

I last saw h. alive on October 15, 1932 Death is said to have occurred on the date stated above, at 1:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	
Chronic myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. R. Cohen, M. D.

(Address) Sinai Hospital

1-30—M & T.—100 B—50L

E 83683

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83683

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST., WARD)

2-FULL NAME Allie Bryan Powell

(a) RESIDENCE NO. 55-47 Walnut ST., Phil Pa. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Powell

6 DATE OF BIRTH (month, day, and year) Feb. 5th 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	8	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Travelling Salesman
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer DeLong Hook & Eye Co.

9 BIRTHPLACE (city or town) (State or country) Warrenton N. C.

PARENTS

10 NAME OF FATHER Orlando Powell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Warrenton N. C.

12 MAIDEN NAME OF MOTHER Nannie B. Sledge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Warrenton N. C.

14 Informant Mrs. J. Proctor Fowson

(Address) 2410 Harlem Ave.

15 Filed ..... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. mos 7 ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical Symptoms

(Signed) Guy H. Cromwell M. D. Coroner

Oct 16 1932 (Address) 603 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Philadelphia Pa — DATE OF BURIAL: Oct 17 1932

20 UNDERTAKER: Chas. S. Black — ADDRESS: 1742 Wirth Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83684 — E 83684

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 3rd Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Russell Shoemaker

(a) Residence: No. 3427 Pleasant Place St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruth Helfer

6. DATE OF BIRTH (month, day, year) March 26, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Meter Factor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Howard Shoemaker

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Bertha ?

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mrs. Ruth Shoemaker

(Address) 3427 Pleasant Place

18. BURIAL, CREMATION, OR REMOVAL Date Oct 18 1932

19. UNDERTAKER Walter Davis

(Address) 1 E Lexington St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck	
Fracture of base of skull	10/16/32
Other contributory causes of importance:	
Automobile Accident	10/16/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury, 10/16, 1932

Where did injury occur? Park & 24th Sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Two machines collided

Nature of injury Strong him out

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph L. Johnson Coroner M. D.

(Address) 2202 E. Monument St

A&Co. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 117-0 E 83685

83685

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 Riggs Av St. 16-18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Doyle

(a) Residence: No. 2300 Riggs Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Margaret E. Doyle

6. DATE OF BIRTH (month, day, year) 11-29-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B.R.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ry Agent. 073
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER FATHER

13. NAME John Doyle
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Ellen O'Brien
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret E. Doyle
(Address) 2300 Riggs Av

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10-19-1932

19. UNDERTAKER Leonard Ruppert
(Address) 2315 Harford Rd

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1926 to Oct. 16, 1932
I last saw him alive on 10-16, 1932 death is said to have occurred on the date stated above, at 6 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	
Hemorrhage	10/14/32
Other contributory causes of importance:	

Name of operation None Date of ...
What test confirmed diagnosis? Physical evidence Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. B. Dyberg, M. D.
2802 (Address) Harford Rd.

1-30—M & T—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83636

E 83686

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 W. Baltimore ST. 19-24 WARD)

2-FULL NAME John Jubb

(a) RESIDENCE NO. 1709 W. Baltimore ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Kate E. Jubb

6 DATE OF BIRTH (month, day, and year) Oct. 21, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	72	11	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Motor
(b) General nature of industry, business, or establishment in which employed (or employer) man United
(c) Name of employer Railways Co

9 BIRTHPLACE (city or town) Pasadena
(State or country) Maryland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Roland A. Jubb

(Address) 1709 W. Baltimore St.

15

Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocardial Disease
Arteria - Sclerosis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy R. Cromwell M. D. Coroner

10/16 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel A A Co Md

DATE OF BURIAL 10/18 1932

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83687

CERTIFICATE OF DEATH

3687 V 53

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 N Charles St. 17-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul H. Stewart

(a) Residence: No. 2905 N Charles St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Lida L Stewart

6. DATE OF BIRTH (month, day, year) July 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Dyeing Co.

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John H Stewart

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Maria L Hooper

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harold G Stewart

(Address) 417 Georgia Ct. Towson Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/18 No. 32

19. UNDERTAKER H McCook

(Address) 1210 E Fayette St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27 1932 to Oct 16 1932

I last saw him alive on Oct 15 1932. Death is said to have occurred on the date stated above, at 3:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Spleen	June 27 1932
Hepatitis	

Other contributory causes of importance:

Metastases to Liver

Name of operation Dr. H. Fischer Date of 7-1932

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify None

(Signed) John H Evans M. D.

(Address) 612 N 40

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 83688

CERTIFICATE OF DEATH

3688 PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St.) (Ward)

Registered No. 210-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Mulcahy

(a) Residence: No. 45 S. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Mulcahy

6. DATE OF BIRTH (month, day, year) Apr 28 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James J. Mulcahy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Flannery

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edward J. Mulcahy

(Address) Richmond Va.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 10/19 1932

19. UNDERTAKER Wm J. Lee

(Address) 1219 E Fort Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to 19

I last saw h alive on Injury 19 Death is said to have occurred on the date stated above, at (m.

The principal cause of death and related causes of importance were as follows:

Fractured base of Skull — Date of onset 10/15/32

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/15 1932

Where did injury occur? Lombard & Monroe Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D. Coroner

(Address) 2200 E Madison St

M. D. B. 1265-9

E 83689

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83689

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Royal Hotel St., 11-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis F Goldsborough

(a) Residence: No. Mt Royal Hotel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Caroline E Goldsborough

7. DATE OF BIRTH (month, day, year): June 2. 1857

8. AGE: Years 75 | Months 4 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gen Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): Oct 1932

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (City or town) (State or country): Talbot Co Md

MOTHER FATHER

13. NAME: Henry T Goldsborough

14. BIRTHPLACE (city or town) (State or country): Talbot Co Md

15. MAIDEN NAME: Anne M Kennard

16. BIRTHPLACE (city or town) (State or country): Talbot Co Md

17. INFORMANT: Anna E Talley
(Address) Mt Royal Hotel

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 10/18 1932

19. UNDERTAKER: J M Lee
(Address) 1317 N Fremont St

20. FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 4th, 1932, to October 16th, 1932. I last saw him alive on October 13th, 1932. Death is said to have occurred on the date stated above, at 3 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Oct 16, 1932
Cerebral Hemorrhage	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Carey Parran, M. D.

(Address) Mt. Royal Hotel

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83690 E 83690

83690

CERTIFICATE OF DEATH

87-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 N. Payson St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathan Hyman

(a) Residence: No. 1635 N. Payson St., ... Ward. ...
(Usual place of abode). (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David S. Hyman

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Baily Ostrosky

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Dr Calvin Hyman.
(Address) 1635 N. Payson st

18. BURIAL, CREMATION, OR REMOVAL Levi 10-17-32
Place Lehrer Luther Date ... 19

19. UNDERTAKER Just Levi Son
(Address) 1439 E. Baltimore St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932 to Oct 15, 1932

I last saw him alive on Oct 15, 1932 Death is said to have occurred on the date stated above, at 3.40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis (Hemiplegia (Right)	Oct 9
Other contributory causes of importance: Bronchopneumonia (Terminal)	Oct 14

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel A Wolf M. D.

(Address) 1331 E. North Ave

Spec.—9-30—A. & Co.—250 Bks.

E 83691 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83691

CERTIFICATE OF DEATH.

93-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Division St - 4-59 WARD)

2. FULL NAME Rebecca Mc Abley

(a) RESIDENCE NO. 2102 Division ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	married

6 If married, widowed, or divorced (or) WIFE of Benjamin McSilby

6 DATE OF BIRTH (month, day, and year) 8-7-1897

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	35	2	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) South Carolina

PARENTS

10 NAME OF FATHER John Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Susie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

14 Informant Benjamin McSilby
(Address) 2102 Division St

15 Filed ..., 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14-32

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 14, 1932

that I last saw h[illegible] alive on Oct 14, 1932

and that death occurred, on the date stated above, at 2:30 P m.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B Mitchell M. D.

10/15, 1932 (Address) 3715 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Protestant Episcopal

DATE OF BURIAL 10/17, 1932

20 UNDERTAKER Robert F Williams

ADDRESS 1515 McElderry St

H. D. R. 1268-9

83692 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83692

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 107-001

CITY OF BALTIMORE: (No. Balto Md 18-M Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ernest Pannell

(a) Residence: No. 922 Pierce St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 7-29-83

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	2 3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1886

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chicken Packer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Clark Pannell

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Georgia Johnson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Oct. 17, 1932

19. UNDERTAKER Mrs Kate P. Williams
(Address) 325 S Schroeder St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-8-, 1932, to 10-13-, 1932

I last saw him alive on 10-13, 1932 Death is said to have occurred on the date stated above, at 2.35 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - Terminal	

Other contributory causes of importance:

1. Carcinomatosis of the soft	
2. Tumor of adrenal	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm A Gehrmt M. D.

(Address) Balto City Hospitals

Spec.—1-12-23—M&T—500 Blks.

Jeanette M Dickey

E 83693 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83693

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 E Eager St ST., 11-15 WARD)

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jeanette M. Dickey

(a) RESIDENCE NO. 114 E. Eager St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 12th 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	80	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Oxford Pa.

PARENTS

10 NAME OF FATHER E. V. Dickey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Oxford Pa.

12 MAIDEN NAME OF MOTHER Frances Ralston

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Brandywine Pa.

14 Informant Mrs E Ten J. D. Cross

(Address) 114 E Eager St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 16 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1931, to Oct 16, 1932, that I last saw h[illegible] alive on Oct 16, 1932, and that death occurred, on the date stated above, at 9.15 P m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

Broncho pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Broncho pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical & Lab. Studies

(Signed) Frances W. Gluck, M. D.

, 19 (Address) 1115 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oxford Pa

DATE OF BURIAL Oct 18 1932

UNDERTAKER Henry W Jenkins & Son

ADDRESS Oxford Pa

AACo. 5-31 250R

E 83694 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83694

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2541 Armah Ave

CITY OF BALTIMORE: (No. ..... St. 16th Ward)

Registered No. 50
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Janie Catherine Cox

(a) Residence: No. 2541 Armah Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
(HUSBAND of) (or) WIFE of Michael Cox

6. DATE OF BIRTH (month, day, year) April 27, 1869

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or ... min.
	63	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westernport Md.

FATHER

13. NAME John W. Green

14. BIRTHPLACE (city or town) (State or country) Cumberland Md.

MOTHER

15. MAIDEN NAME Susan A. Backey

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT Michael Cox
(Address) 2541 Armah Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Forrest Lawn Date 10/17/1932

19. UNDERTAKER J. P. Walsh
(Address) 3004 E. Baltimore St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct-, 1931, to Oct-14, 1932

I last saw h[illegible] alive on Oct-14, 1932 death is said to have occurred on the date stated above, at 10 32 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	-
Other contributory causes of importance:	
Carcinomatosis	-

Name of operation Amp. of Breast Date Nov 11 31

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury - 19 -

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Isabel Cleaver, M. D.

(Address) Chas. & 33rd Sts.

M. D. B. 1268-0

E 83696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83695

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3915 Roland Ave St. 43-52 Ward

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Johnson

(a) Residence: No. 3915 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Child. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Joseph L. Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Eva J. Riley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph L. Johnson.
(Address) 3915 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Mt. Mayn Cemetery Date Oct 17, 1932

19. UNDERTAKER Chenoweth & Son.
(Address) 3615-17 Elmwood Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from 10/13/32, 1932, to Oct. 16, 1932

I last saw her alive on Oct 16, 1932 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	10/13/32

Other contributory causes of importance:

Measles

Name of operation ..... Date of 20

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) C. F. Snyder M. D.

(Address) 3701 Eutaw Pl

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167 E 83696

Registered No.

1. 83696 DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Millers

(a) Residence: No. Cicero - Chicago St. Ill. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Millers

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse trainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER FATHER

13. NAME Charles Millers

14. BIRTHPLACE (city or town) (State or country) Ill.

15. MAIDEN NAME Blanch Morgan

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Mrs. J. M. Collins

(Address) Erck Funding Station

18. BURIAL, CREMATION, OR REMOVAL. Oct. 17 37

Place Laurel Md Date

19. UNDERTAKER H. W. White & Co.

(Address) Laurel Md

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 . 1937

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Revolver wound of head Suicide.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Injury 10/16 19 37

Where did injury occur? Laurel, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Eugene Zellers M. D.
Coroner

(Address) 2737 Eastern Ave.

M. D. B. 1268-9

E 83697 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83697

CERTIFICATE OF DEATH

92-001
Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Etting St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Wilson

(a) Residence: No. 1821 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wilson

6. DATE OF BIRTH (month, day, year) ? 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Cook

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lemma Washington
(Address) 1714 Etting St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 10/17/32

19. UNDERTAKER Mrs. Lee H. Holland
(Address) 1631 Druid Hill Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1932 to Oct 15 1932

I last saw h alive on Oct 14 1932 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease (mitral insufficiency)	1931
Other contributory causes of importance: None known	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Chas J. Keller M. D.

(Address) 222 W. Lanvale St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

3698

CERTIFICATE OF DEATH

E 83698

Registered No. 20-27 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 N. Monroe St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lavenia von Wachter

(a) Residence: No. 1 N. Monroe St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank von Wachter

6. DATE OF BIRTH (month, day, year): October 29, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Howard County Maryland

FATHER

13. NAME: George F. Pfeiffer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Collins

16. BIRTHPLACE (city or town) (State or country): Snow Hill, Somerset County, Md.

17. INFORMANT (Address): Mr. Herbert N. von Wachter 2316 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct. 17 . 1932

19. UNDERTAKER (Address): Ernest H. Cook 1003 W. Baltimore St.

20. FILED Oct 17 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 14 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb . 1926 to Oct 14 . 1932

I last saw her alive on Oct 14 . 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	1926
Chronic interstitial nephritis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ernest H. Cook, M. D.

(Address) 3005 W. North Ave.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83699

E 83699

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1400 W. Lexington ST. 19-27 WARD)

2-FULL NAME Richard W. Hall

(a) RESIDENCE NO 1400 W. Lexington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Margaretta C. Hall

6 DATE OF BIRTH (month, day, and year) April 15, 1859

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 yrs.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER William C. Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Tocker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mrs. Grace Morton

(Address) 4303 Miami Place

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

CONTRIBUTORY (Secondary) (duration) Arterio-sclerosis — yrs. 11 mos. 3 ds.

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs + symptoms

(Signed) Guy N. Cromwell M. D. Coroner

10/16 1932 (Address) 803 Latrobe Apts. Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Oct 17 1932

20 UNDERTAKER H. A. Dickey & Bro

ADDRESS Balto

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-002

E 83700

CERTIFICATE OF DEATH

E 83700

REGISTERED NO. 70-27

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital ST., WARD)

2-FULL NAME Katie Kluge

(a) RESIDENCE NO. 1940 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): April 19, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Kluge

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Wilhemenia Lemly

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. George Henry

(Address) 1938 W. Fayette St.

15 Filed , 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

THE CAUSE OF DEATH was as follows:

Cerebral Thrombosis

(duration) yrs. mos 5-7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Guy U. Brownfield, M. D. (Coroner)

10/17/32 (Address) 203 Patapsco Ave. Brooklyn

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: Oct 19 1932

20 UNDERTAKER

ADDRESS

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 83701

83701

CERTIFICATE OF DEATH

Registered No. 92-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 924 Cathedral St. (Ward) 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Easton Stanwood

(a) Residence: No. Philadelphia, Pa St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) October 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	55	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME Isaac Stanwood

14. BIRTHPLACE (city or town) (State or country) Portsmouth N. H.

MOTHER

15. MAIDEN NAME Carrie Easton

16. BIRTHPLACE (city or town) (State or country) Louisanna

17. INFORMANT Mrs Gertrude Richards

(Address) 924 Cathedral St.

18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Pa Date Oct. 17 1932

19. UNDERTAKER Wm. J. Tickner & Sons

Address) Market & Paca sts.

20. FILED 7 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 13th 19... to Oct 17th 1932

I last saw her alive on Oct 16th 1932 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo. Cardilis	

Other contributory causes of importance:

Name of operation Not any Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ... 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) D. A. Waldram M. D.

(Address) 210 East Preston St

M. D. B. 1268-9

B. P. Jan-89-1305 N Fulton Ave Balto Md. 4176

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83702

83702

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 1-16 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest H Chelton

(a) Residence: No. 2234 E Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Dorothy Chelton.

6. DATE OF BIRTH (month, day, year): Feb 11th 1886

7. AGE: Years 46 | Months 8 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Maryland.

13. NAME: Geo. Chelton

14. BIRTHPLACE (city or town) (State or country): Maryland.

15. MAIDEN NAME: Sallie Cullen.

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Dorothy Chelton Wife

(Address) 2234 E Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill. Date 10-19 1932

19. UNDERTAKER: Ed B Harder

(Address) 115 E 21st St

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1230 p m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner. M. D.

(Address) 1305 N Fulton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83703

CERTIFICATE OF DEATH

108 E 83703

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 N. Monroe St. 15-21 Ward)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent M. Reams

(a) Residence: No. 1501 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19 1861

7. AGE — Years: 71 | Months: 2 | Days: 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bank Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Alexander Reams

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md

15. MAIDEN NAME: Elizabeth McDonnell

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: D. Walker
(Address) 1501 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: Oct. 18, 32

19. UNDERTAKER: Martin Eisler & Long
(Address) 1527 W. North Ave.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15th, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 14th, 1932 to October 15th, 1932

I last saw him alive on October 15th, 1932. Death is said to have occurred on the date stated above, at 8:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/14/32

Other contributory causes of importance:

Acute Endocarditis	10/15/32

Name of operation: — Date of: —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm J Sullivan M. D.

(Address) 1701 N. Fulton Ave

M. D. B. 1265-9

83704 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83704

CERTIFICATE OF DEATH

26401 + 81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Enter

2. FULL NAME Mary Bostic

(a) Residence: No. St. Matthews St., Ward. So. Carolina
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-12-23

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

13. NAME Dolly Bostic

14. BIRTHPLACE (city or town) (State or country) N Car

15. MAIDEN NAME Johnnie Sheehan

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Rock Hill S. Carolina Date Oct 17. 1932

19. UNDERTAKER Enterprise Funeral Home
(Address) 844 N. Eutaw St.

20. FILED Oct 17 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-17. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 13. 1932 to Oct 17. 1932

I last saw her alive on Oct 17. 1932 Death is said to have occurred on the date stated above, at 12⁰⁵ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
"Neuro Myelitis Optica" (Complete paralysis to Cerv. C-4)	8 31 32
Cystitis	9-x-32
Iron deny Anemia	9-x-32
Emaciation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward F. Mylar, M. D.

(Address) [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83705

CERTIFICATE OF DEATH

83705 34

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Gen'l Hospital Ward) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nina Quill

(a) Residence: No. 12 14 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1878

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Margaret A Carey

(Address) 233 Bunker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 10-17 1932

19. UNDERTAKER Daniel Carlson

(Address) 916 Pa ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-13- 1932 to 10-14- 1932

I last saw her alive on 10-14 1932 Death is said to have occurred on the date stated above, at 11.30 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
+ Exhaustion

Date of onset Sept 1932

Other contributory causes of importance:

Arteriosclerosis
Nephritis

Name of operation ..... Date of —

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify .....

(Signed) M R Boyle M. D.

(Address) 1512 Fulton

M. D. B. 1265-9

83706 HEALTH DEPARTMENT—CITY OF BALTIMORE 83706

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 N Payson St., 20 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Ella McVeigh

(a) Residence: No. 325 N Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

6a. If married, widowed or divorced
HUSBAND of (or) WIFE of Enoch W McVeigh

6b. DATE OF BIRTH (month, day, year) Sept 4 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Emma

13. NAME OF FATHER Conrad Ello

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Maria Metz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Edith M Pomeroy

(Address) 325 N Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 10/18 1932

19. UNDERTAKER Enoch W McVeigh

(Address) Fulton & Fayette

20. FILED ....., 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Oct 16, 1932

I last saw her alive on Oct 16, 1932 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	10/10/32
Other contributory causes of importance: Chronic myocarditis	5/1/32
	1

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. A. Lalli M. D.

(Address) 517 Edmondson Ave

M. D. B. 1268-0

F. 83707 ✓ F. 83707

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 8370 F 83707

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 Chesley Ave. St. 1-1 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret G. Harrison

(a) Residence: No. 2813 Elliott St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George P. Harrison

6. DATE OF BIRTH (month, day, year) Nov. 7th. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Owen Malone

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Clisham

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT George P. Harrison

(Address) 2813 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Oct. 19th. 32

19. UNDERTAKER Rust Braud & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15th. 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/1/32 19..... to 10/15th 32 19.....

I last saw her alive on 10/15/32 19..... Death is said to have occurred on the date stated above, at 8 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1/1/93

Other contributory causes of importance: Cerebral Embolism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) F. H. Herrman M. D.

(Address) 1913 E Baltimore

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83708

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Vincent

(a) Residence: No. 215 N. Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-23-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Wm. Vincent

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct 17 . 1932

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 . 1932, to Oct 14 . 1932

I last saw her alive on Oct. 14 . 1932 Death is said to have occurred on the date stated above, at 4.15 P. m.

The principal cause of death and related causes of importance were as follows:

Enteritis ?

Date of onset 10-9-32

Other contributory causes of importance:

Marasmus ?
Dehydration ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Bickford M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

83709 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83709

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore and St. 18-25 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Harris

(a) Residence: No. 915 Boyd St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Apr 21

7. AGE: Years 62 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond, Va

MOTHER FATHER

13. NAME: Margaret Harris

14. BIRTHPLACE (city or town) (State or country): Rich. Va

15. MAIDEN NAME: Betty ?

16. BIRTHPLACE (city or town) (State or country): Rich Va

17. INFORMANT (Address): Record Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL. Place J H Med College Date Oct 17, 1932

19. UNDERTAKER (Address):

20. FILED Oct 18 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-7-1932 to 10-13-1932

I last saw h[illegible] alive on 10/13/1932 Death is said to have occurred on the date stated above, at 6:00 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of gall bladder — Date of onset [illegible]

Other contributory causes of importance: Hypochromic anemia — Date of onset 10-10-32

Name of operation Liver Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

10-16-32 (Signed) Henry Hilgartner M. D.

(Address) Balto City Hospitals

AACo. 5-31 250B

83710 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 83710

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1019 Vincent St. 16-23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Butler

(a) Residence: No. 1019 Vincent St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hay dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10. Date deceased last worked at this occupation (month and year) Oct. 6, 1932
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) Carroll Co
(State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) ...
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ...
(State or country)

17. INFORMANT Howard L Butler
(Address) 1627 N Vincent St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 19 33

19. UNDERTAKER Commissioner Health
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1932 to Oct 15, 1932
I last saw him alive on Oct. 15, 1932 death is said to have occurred on the date stated above, at 10:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	9 t. 8. 1932
Other contributory causes of importance: Myocardial insufficiency	12 hours

Name of operation ... Date of ...
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H Landey Wallace M. D.
(Address) 1101 N. Fulton Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E.B. 3710

E.B. 3710

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1019 N Vincent St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas F Butler

(a) Residence: No. 1019 N Vincent St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lizzie

DATE OF BIRTH (month, day, year) 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this [redacted]

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lizzie Butler

(Address) 1019 N. Vincent.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 19

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 to 36

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

	Date of onset
Lobar Pneumonia	7 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address)

M. D. B. 1268-0

83711

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83711

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 508 N. Payson St. (Ward) 16-20

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Stoner

(a) Residence: No. 508 N. Payson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Sarah A. Stoner

6. DATE OF BIRTH (month, day, year) Dec 8th 1849

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
82	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Washington Co (State or country) Md

FATHER

13. NAME Benjamin Stoner

14. BIRTHPLACE (city or town) Washington Co (State or country) Md

MOTHER

15. MAIDEN NAME Mary Shank

16. BIRTHPLACE (city or town) Washington Co (State or country) Md

17. INFORMANT Walter S. Stoner

(Address) 2856 Rayner Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rivers Brethren Ringold Md Date 10/19/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1932 to Oct 16 1932

I last saw h. ~~in~~ alive on Oct 14 1932 Death is said to have occurred on the date stated above, at 6.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Several years
Chronic Myocardial Disease with Cardiac Hypertrophy.	Several months
Other contributory causes of importance: Fracture of left clavicle (accidental injury) Numerous bruises & contusions.	Sept 29 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 29 1932

Where did injury occur? Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home.

Manner of injury Fell down stairs.

Nature of injury Fracture, sternal end, left clavicle numerous bruises & contusions

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W Churchill M. D.

(Address) 290 E Edmondson Ave

H. D. H. 1268-9

E 83712 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83712

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., ... Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Freggs

(a) Residence: No. 22 E 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Saunders

DATE OF BIRTH (month, day, year) ? 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Mary Freggs
(Address) 22 E 20th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/18/32 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Eastern ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 .. to ..., 19.....

I last saw him alive on Injury, 19 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Fractured skull — Date of onset 10/12/32

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/12/1932

Where did injury occur? York Rd nr Beaumont Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Truck in which he was riding struck a safety beacon

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2200 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83713

CERTIFICATE OF DEATH

83713

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1731 Vine St. (Ward) 18-W

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Bowie

(a) Residence: No. 1731 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Bowie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butler Md

MOTHER FATHER

13. NAME Hannibal Carroll

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Cornelia Bowie

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rossetta Bowie
(Address) 1731 Vine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 10/15/32

19. UNDERTAKER Charles F. Cooper
(Address) 514 N. Calhoun St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) C. E. Peters M. D.
Coroner

10/17/32 (Address) 2739 Eastern Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83714 46 v E 83714

83714

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1913 McKean Ave St. 15-71 Ward)

Length of residence in city or town where death occurred 72 yrs. 11 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Dorothy Talbot

(a) Residence: No. 1913 McKean Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Talbot.

6. DATE OF BIRTH (month, day, year): Oct. 28, 1859

7. AGE — Years: 72 | Months: 11 | Days: 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Dorf.

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Catherine LeCompt

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Irving L. Steckel (Address) 739 3rd St NW Washington

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt Olivet Cem Date: Oct 18, 1932

19. UNDERTAKER: Wm Fletcher Sons (Address) Pratt & Paca

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Oct 15, 1932

I last saw h[illegible] alive on Oct 15, 1932 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric carcinoma	[illegible]

Other contributory causes of importance:

Myocardial degeneration	Oct 10

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury none

Nature of Injury —

24. Was disease or Injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) W Burmeister, M. D.

(Address) 2216 Garrison Blvd

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

83715 E 83715

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 907 Church ct St. 17-24 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Young

(a) Residence: No. 907 Church St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	widowed

a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm H. Young

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation Engaged

12. BIRTHPLACE (city or town) (State or country) West Va

13. NAME James Boston

14. BIRTHPLACE (city or town) (State or country) West River Md

15. MAIDEN NAME Charlotte Loring

16. BIRTHPLACE (city or town) (State or country) West River Md.

17. INFORMANT Isabell Carroll.
(Address) 647 Lenore St

18. BURIAL, REMOVAL, OR CREMATION Mt. Auburn Date Oct 1932

19. UNDERTAKER Samuel J. Hemsley
(Address) 578 Middle St

20. Filed ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1932 to Oct 16, 1932
I last saw her alive on Oct 16, 1932 Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 14 1932
Other contributory causes of importance: Duodenal Ulcer	Sept 21 1932

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
(Address) .....

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83716

CERTIFICATE OF DEATH

V 48 E 83716

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katie Kramer

(a) Residence: No. 1811 - E. Fayette. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. Color or Race: WHITE

5. Single, Married, Widowed, or Divorced (write the word): WIDOWED

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: HARRY

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 64 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): RUSSIA

MOTHER'S MAIDEN NAME

13. NAME: JACOB

14. BIRTHPLACE (city or town) (State or country): RUSSIA

15. MAIDEN NAME: UNKNOWN

16. BIRTHPLACE (city or town) (State or country): RUSSIA

17. INFORMANT: Mrs. Lena Block

(Address) 3921½ NORFOLK AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place: HEBREW ROSEDALE EM Date: 10-18, 1932

19. UNDERTAKER: JACK LEWIS INC

(Address) 1439 E BALTO ST

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1932 to Oct. 17, 1932

I last saw her alive on Oct 17, 1932. Death is said to have occurred on the date stated above, at 2. P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of Cervix & metastases.	

Other contributory causes of importance:

Cardiac Dysfunction
Cardiac Hypertrophy
Dilatation Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify ...

(Signed) A. Cohen, M. D.

(Address) Sinai Hospital

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

83717 E 83717

CERTIFICATE OF DEATH

72-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 S. Hilton St. 20-10 Ward)

Length of residence in city or town where death occurred 34 yrs. 6 mos. 24 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William F. Stromberg

(a) Residence: No. 229 S. Hilton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Louise Stromberg

6. DATE OF BIRTH (month, day, year): Mar. 22, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dairy Co
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Baltimore
13. NAME: Thomas Stromberg
14. BIRTHPLACE (city or town) (State or country): Baltimore
15. MAIDEN NAME: Anna Lacke
16. BIRTHPLACE (city or town) (State or country): Ireland
17. INFORMANT: Louise Stromberg
(Address) 229 S. Hilton St
18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Oct 19, 1932
19. UNDERTAKER: Frank Leach & Son
(Address) 1906 Eutaw Pl
20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to Oct 16, 1932

I last saw him alive on Oct 16, 1932 death is said to have occurred on the date stated above, at 6 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins disease	2 mo

Other contributory causes of importance:

cardiac decompensation

Name of operation: Removal of gland Date of: Jan 32

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. T. Kyper, M. D.

(Address) 3321 Great Ave

M. D. B. 1268-9

83718 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83718

CERTIFICATE OF DEATH

163 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tina Lena Simacek

(a) Residence: No. 907 N. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 5/1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 69

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Frank Simacek

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Sophia Lenz

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Sophia Semacek
(Address) 907 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeem Date Oct 20 1932

19. UNDERTAKER Frank Cruickshank & Son
(Address) 106 Ashland Ave

20. FILED OCT 18 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ... to ..... , 19 .....

I last saw h alive on ..... , 19 Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

Nephritis
Colitis

Date of onset

Other contributory causes of importance:

Bichloride Mercury Poisoning Oct 12

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ..... , 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jos L Weller M. D.
Coroner

(Address) 506 E Fayette St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83719

719

CERTIFICATE OF DEATH

173

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1339 N. Gilmor ST. 15 WARD 27)

2-FULL NAME Nettie King Jones

(a) RESIDENCE NO 1339 N Gilmor ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fmal

4 COLOR OR RACE Col

5 Single, Married, Widowed, or Divorced (Write the word) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1899-

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Susan Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Alice Brooks

(Address) 1339 N Gilmor

15 Filed OCT 18 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above held the inquest (inquest or inquiry.) thereon and from the evidence obtained by said (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pneumonia, lobar
Pneumonia, double
Pleural effusion
Influenza

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 1339 N. Gilmor

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy

(Signed) H. Schuck, M. D. Coroner

19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL 10/18/1932

20 UNDERTAKER Archibald A. Gaddis

ADDRESS 1840 McCulloh

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83720

CERTIFICATE OF DEATH

83720

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. [illegible] Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 12 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Louise Miles -

(a) Residence: No. Centerville, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	—

6a. If married, widowed, or divorced — HUSBAND of — (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Mar. 14, 1919

6. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13yrs.	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Maryland.
(State or country)

13. NAME Frank Miles -

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Unknown -

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Centreville Md Date Oct 18 32

19. UNDERTAKER Geo M. Smith & Son
(Address) Hillsboro -

20. FILED ..... 19— [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17. 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/5-32 ..... 19 .., to 10/17 ..... 19 32

I last saw h[illegible] alive on 10/17. 19 32 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pyelonephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Ann G. Kuttner M. D.

(Address) Johns Hopkins Hospital.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83721

CERTIFICATE OF DEATH

46 E 83721

Registered No. 18426

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 95 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis Fisher

(a) Residence: No. 248 Bowers Court, Ward. City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jobbing 040
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER'S MAIDEN NAME

13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Williams
(Address) 306 Carlton st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 17th 1932

19. UNDERTAKER A. J. Jones
(Address) 1112 Eutaw st

20. FILED Oct 17 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 1932 to Oct 14 1932
I last saw h[illegible] alive on Oct 14 1932 Death is said to have occurred on the date stated above, at 1 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	4 M ago

Other contributory causes of importance:

Cachexia	5 W's duration

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alan James Chesney M. D.

(Address) Univ. Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

NV

B 83722

8722

CERTIFICATE OF DEATH

210-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospitals St. 26-37 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian A. Bauer

(a) Residence: No. 3602 E Lombard St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) June 29, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City. 032

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Frederick Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Engelt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena Bauer (Address) 3602 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem Date Oct 19. 1932

19. UNDERTAKER John Heinicke (Address) 2008 Aliceanna

20. FILED Oct 18. 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16. 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry. 19 . to . 19

I last saw him alive on inquiry. 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset 10/16/32

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/16. 1932
Where did injury occur? Balto Pulaski Hwy Rd near Edgewood
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Hwy accident
Manner of injury Auto struck tree in Ditch
Nature of injury Pulaski Hwy Rd near Edgewood Store

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Tabony Coroner M. D.
(Address) 220 E Madison St

H. D. B. 1268-9

83723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√159

E 83723

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., ... Ward.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Dietrich

(a) Residence: No. Union Memorial Hosp'l St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day: hrs. 23 min. 46

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Andrew J. Dietrich

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Marie Heemiller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Father (A. J. Dietrich)
(Address) 215 Southday

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Oct 18th 1932

19. UNDERTAKER Geo. Schuffling & Sons
(Address) Hanover & Lexington

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-16 1932 to 10-17 1932

I last saw him alive on 10-17 1932 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth
Atelectasis	Birth

Other contributory causes of importance:

Name of operation 0 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John H. Spence, Jr. M. D.

(Address) Union Memorial Hosp.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83724

83724

CERTIFICATE OF DEATH.

178-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4118 Westview Rd. St. 9-47 Ward)

2-FULL NAME Beatrice Inglis

(a) RESIDENCE NO. 4118 Westview Rd St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 0 ds. How long in U. S., if of foreign birth? 39 yrs. 0 mos. 19 ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John A. Inglis

DATE OF BIRTH (month, day, and year) Sept. 28-1893

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	39	0	19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer none

BIRTHPLACE (city or town) Brooklyn

(State or country) New York

10 NAME OF FATHER Edw L. Shattuck

11 BIRTHPLACE OF FATHER (city or town) Brooklyn

(State or country) New Hampshire

12 MAIDEN NAME OF MOTHER Eloise Knight

13 BIRTHPLACE OF MOTHER (city or town) Nebraska

(State or country) New Hampshire

14 Informant Mrs J. A. Inglis husband

(Address) 4118 Westview Road

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above. bet 11 A.M. & 1 P.M.

The CAUSE OF DEATH* was as follows:

Probably Monoxide Gas Poisoning
(Found in garage seated in auto.
Probably accidental)
(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) .....
(duration) .....yrs. .....mos. .....ds.

(Signed) J. H. Bolen M. D.
(Coroner)

Oct 18 1932 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Vernon Mem. Pk. Date of Burial Aug 18 1932.

20 UNDERTAKER Stewart & Co. ADDRESS Balto.

H. D. B. 1268-9

83725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83725

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1618 Latrobe St. 12-19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pete Gorham

(a) Residence: No. 1618 Latrobe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Maggie Gorham

7. DATE OF BIRTH (month, day, year): Dec 25-1894

8. AGE: Years 37 | Months 9 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna R.R. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. C.

13. NAME OF FATHER: Samuel Gorham

14. BIRTHPLACE (city or town) (State or country): N. C.

15. MAIDEN NAME OF MOTHER: Jane —

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Maggie Gorham (Address) 1618 Latrobe St.

18. BURIAL, CREMATION, OR REMOVAL: Ft Hill National Date Oct 18 1932

19. UNDERTAKER: Samuel Humphrey (Address) 1618 Latrobe

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1932 to Oct 14 1932

I last saw him alive on Oct 14 1932 Death is said to have occurred on the date stated above, at 9-10 P. m.

The principal cause of death and related causes of importance were as follows:

Effusion of pleura with weakness, Pleurisy with Effusion and Bronchitis weakness.

Date of onset: Oct

Other contributory causes of importance:

Pleurisy with Effusion and Bronchitis weakness.

Name of operation no Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19 no.

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signed) D. E. Hall M. D.

(Address) 626 E. 20 St. Balto, Md.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83726

CERTIFICATE OF DEATH

51 E 83726

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? 32 yrs. mos. ds.

2. FULL NAME Oscar Helbing

(a) Residence: No. 2135 E. Federal St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lotz Julia Helbing

DATE OF BIRTH (month, day, year) Sept. 23 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Known

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Ferdinand Helbing

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Pauline Hesebeck

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Son

(Address) 2135 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Oct 20/32 19

19. UNDERTAKER Philip Herring

(Address) 2216 Eastern Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from 9.16 1932 to 10.17 1932

I last saw him alive on 10.17 1932 Death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Hypostatic pneumonia	9.26.32
Carcinoma of bladder	3

Other contributory causes of importance:

Name of operation Irrig. Cystoscopic Date of 9.23.32

What test confirmed diagnosis? Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

I. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83727

CERTIFICATE OF DEATH

X 46 VE 83727

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 34 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas W. Jamison

(a) Residence: No. Harpers Ferry, W. Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Jamison

7. DATE OF BIRTH (month, day, year) April 21-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Sarah C. Jamison
(Address) Harpers Ferry W. Va

18. BURIAL, CREMATION, OR REMOVAL
Place Harpers Ferry W. Va. Oct. 21 . 1932

19. UNDERTAKER Horace E. Burgee
(Address) 3631 Falls Road

20. FILED 18 . 19. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18th . 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14th . 1932 to Oct. 18th . 1932

I last saw him alive on Oct. 18th . 1932, Death is said to have occurred on the date stated above, at 6:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno Carcinoma Sigmoid Colon	About 1 yr.
Other contributory causes of importance: Chronic Intestinal obstruction	Aug 1932

Name of operation 1. Caecostomy 9-16-32 2. Colostomy 10-1-32 Date of

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...

(Signed) R. Richard Soupt . M. D.

(Address) Univ. Hosp.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83728 E 83728

CERTIFICATE OF DEATH

93-003V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Gough Street St. 2-E Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U.S. If of foreign birth 52 yrs. ... mos. ... ds.

2. FULL NAME Mary Majchrzak

(a) Residence: No. 1922 Gough Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced ~~husband of~~ WIFE of late-George Majchrzak

7. DATE OF BIRTH (month, day, year) February 17/1878

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 54

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Frank Rudzynski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Magdalena Przybylska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Magdalena Majchrzak
(Address) 1922 Gough Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Oct 20th 32, 19...

19. UNDERTAKER George A. Weber
(Address) 705 S. Eden Street

... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/16/32, 19...

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to Oct 16, 1932

I last saw h.d alive on Oct 16, 1932 death is said to have occurred on the date stated above, at 5.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Hypertension & Myocardit. Arterio-Sclerosis	?

Other contributory causes of importance:

Cardia-vascular shock 2 hrs.	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Mal. Fenger, M. D.

(Address) 720 E. Pratt St

H. D. B. 1268-9

E 83729 HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH. 97 E 83729

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 E Randall St. 24-34 Ward) ?

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L. Mueller

(a) Residence: No. 605 E Randall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilhelmina Mueller

DATE OF BIRTH (month, day, year) Sept. 2nd 1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Louis M Mueller
(Address) 716 E 36th St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date 10-19 1932

19. UNDERTAKER Ernest Harder
(Address) 1115 E Pratt St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15th, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1932 to Oct 15th, 1932

I last saw him alive on Oct 15th, 1932. Death is said to have occurred on the date stated above, at 3.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1931
Other contributory causes of importance: Gastro Enteritis	1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. W. Heitz M. D.

(Address) 1239 William St

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83730

E 83730

CERTIFICATE OF DEATH

95-002

22-31

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Plum Alley. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Stith.(C)

(a) RESIDENCE NO. 809 Plum Alley. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	73	----	----	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Madalina Randolph.(C)
(Address) 9 N. Hughes St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 11, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Organic disease of the heart.

(duration) .... yrs. .... mos .... ds.

CONTRIBUTORY (Secondary) (duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) [illegible] Coroner, M. D.

10/17/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemtry

UNDERTAKER Walter B. Spriggs

DATE OF BURIAL 10/18 1932

ADDRESS 139 W. Monroe St.

1-30—M & T—100 B—50L

E 83731

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83731

CERTIFICATE OF DEATH

23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 W. Mulberry ST., 19-27 WARD)

2-FULL NAME Samuel Jackson

(a) RESIDENCE NO. 1625 W. Mulberry ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 7 1905

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	4	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer Bullard Co.

9 BIRTHPLACE (city or town) (State or country) Va.

PARENTS

10 NAME OF FATHER Robert Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lucy Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant William Jackson

(Address) 1625 W. Mulberry St

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. 1-2 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No Physical symptoms

What test confirmed diagnosis? —

(Signed) Guy N. Cromwell M. D. Coroner

10/17 1932 Address 1203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 10/18 1932

20 UNDERTAKER Walter B Spriggs

ADDRESS 3711 Hanley Rd

H. D. B. 12689

83732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 83732

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 N. Hare St. St., 6 Ward)

Length of residence in city or town where death occurred About 50 yrs How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Welzenbach.

(a) Residence: No. 105 N. Hare St. St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
(or) WIFE of John Welzenbach

7. DATE OF BIRTH (month, day, year) June 10th 1865.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME ? Kutchenreuter

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT John A. Welzenbach(son)
(Address) 103 N. Hare St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Oct. 19 1932

19. UNDERTAKER Lilly & Zitzer Inc.
(Address) 403 S. Wolfe St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16/32 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 32 19 to Oct 16 32

I last saw h 3 alive on Oct 15 19 32 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Chronic Nephritis	
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A Knox Insley M. D.

(Address) 2736 E. Lake

H. D. B. 1268-9

83733 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

13 ME 83733

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N. Chapel St., 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ? mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Blumenstock

(a) Residence: No. 228 N. Chapel St., 6th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Blumenstock

DATE OF BIRTH (month, day, year) Aug 15, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

13. NAME OF FATHER James Clayborn

14. BIRTHPLACE (city or town) (State or country) Adams County Pennsylvania

15. MAIDEN NAME OF MOTHER Martha Wetzel

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Frances Robinson (daughter)
(Address) 228 N. Chapel St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Oct. 20 19 32

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED Oct 18 19 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4 1932 to Oct 5 1932

I last saw her alive on Oct. 5 1932 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Myocardial Degeneration	1930
Arteriosclerosis " "	prior to 1930
Mitral Insufficiency " "	1930
Myocardial Insufficiency	Aug. 1932

Other contributory causes of importance:

Chronic Nephritis	Aug. 1932

Name of operation Cervical exclusion Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. Webber Young M. D.

(Address) Church Home + Infirm.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83734

CERTIFICATE OF DEATH

137

E 83734

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St., 13 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Button

(a) Residence: No. 2409 Foster Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mamie Button

7. DATE OF BIRTH (month, day, year) Sept. 1857

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	01	?	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 14 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James O. Button

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Salina Jarvis

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mr. John Button, (Son)
(Address) Eastern & Margaret Aves Essex.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date October 18, 1932

19. UNDERTAKER Henry Sander & Sons. Inc.
(Address) Pattimore St. & Broadway.

20. FILED ..... 19. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15. 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-16- 1932 to 10-15- 1932

I last saw h.i.M. alive on 10-15 1932 Death is said to have occurred on the date stated above, at 10-30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism ?	10-15-32

Other contributory causes of importance:

Prostatectomy - Acute For Benign Prostatic Hypertrophy.	9-23-32

Name of operation Prostatectomy Date of 9-23-32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard C. Cumming, M. D.

(Address) The Church Home and Infirmary

Spec.—1-10-21—M&T—1500 Blks.

83735

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83735

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 315 S. Bryce ST. WARD 14-24

2-FULL NAME Richard Goodwin

(a) RESIDENCE NO. 315 S. Bruce ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: Margaret Goodwin

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE — Years: 76 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: City Water Dept

9 BIRTHPLACE (city or town) (State or country): Ballina ~~County~~ Mayo Ireland

PARENTS

10 NAME OF FATHER: Thomas Goodwin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ballina County Mayo Ireland

12 MAIDEN NAME OF MOTHER: Jane Burns

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Vernon W. Goodwin 3024 Glenmore Ave

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 16 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Oct 16, 1932, that I last saw him alive on Oct 16, 1932, and that death occurred, on the date stated above, at 9.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia (duration) ... yrs. 6 mos. ... ds.

CONTRIBUTORY (Secondary): Arterio Sclerosis (duration) Unknown yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. A. O'Neill M. D.

10/17, 1932 (Address) 108 W Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Carmel Cem

DATE OF BURIAL: Oct 19 1932

20 UNDERTAKER: Chas. J. Cook

ADDRESS: 1003 N Gilmor St

pec.—2-29-28—L. F. S.—500 Bks.

83736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9/7

E 83736

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

ITY OF BALTIMORE: (No.) 2436 Druid Hill Ave (WARD) 13-54

2—FULL NAME Ella F. Foster

(a) RESIDENCE NO. 2436 Druid Hill Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Foster

DATE OF BIRTH (month, day, and year) 8-15-1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) New Kent Co., Va.

10 NAME OF FATHER Wm Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) —

12 MAIDEN NAME OF MOTHER Jane Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) —

Informant Wm Foster

(Address) 2436 Druid Hill Ave

Filed ..... 19.. Registrar

Oct 16 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-16-32

17 I HEREBY CERTIFY, That I attended deceased from 4-5-, 1932 to 10-16-, 1932

that I last saw her alive on 10-16-, 1932

and that death occurred, on the date stated above, at 2a. m.

The CAUSE OF DEATH* was as follows:

arterio sclerosis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Symp

(Signed) John C. S. Compher M. D.

, 19.. (Address) 1119 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Oct 19 1932

20 UNDERTAKER Jesse M. Redden

ADDRESS 436 N. Biddle St

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83737 E 83737.

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 107-001 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md St. 27-48 Ward.)

Length of residence in city or town where death occurred Fifty mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Wood

(a) Residence: No. 429 Lake Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) Oct. 4, 1853

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Louise E. Janart

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Segar

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Presbyterian Cemetery Date Oct 19, 193

19. UNDERTAKER George C. Leavitt
(Address)

OCT 18 1932

Huntington Williams, Md
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17, 32

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 32 to 10-17, 32

I last saw h[er] alive on 10-17, 32 Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	12-1-31
Other contributory causes of importance:	
Bronchopneumonia	10-13-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

10-17-32 (Signed) Emil Hofbauer M. D.
(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83738 E 83738

CERTIFICATE OF DEATH

48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1714 E Pratt St. 2-4 (Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kathrine Vollmer
(a) Residence: No. 1714 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 13 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto
13. NAME Charles Vollmer
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Emma Geiger
16. BIRTHPLACE (city or town) (State or country) Balto.
17. INFORMANT Annie Shriver
(Address) 1714 E Pratt St
18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Oct 19 1932
19. UNDERTAKER M. H. E. Deppe & Son
(Address) 32 E Lexington St Baltimore, Md.

OCT 16 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1932
22. I HEREBY CERTIFY, That I attended deceased from June 26 1932 to Oct 16 1932
I last saw her alive on Oct 13 1932 Death is said to have occurred on the date stated above, at 10 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant disease -	April 1932

Other contributory causes of importance:

Fecal fistula + Infection	July 1932

Name of operation None Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....
(Signed) Harold Brunn M. D.
(Address) 120 W Mt Royal

H. D. P. 1268-9

83739

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83739

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Baltimore City Hosp Md — Registered No. 107-001

CITY OF BALTIMORE: (No. Balto St. Md) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 16 yrs. mos. ds.

2. FULL NAME Webster Booker

(a) Residence: No. 829 W. Fayette St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Lottie

DATE OF BIRTH (month, day, year) June 30

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
41	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala Co. Md

13. NAME Mrs Booker

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

15. MAIDEN NAME Laura Winchester

16. BIRTHPLACE (city or town) (State or country) A. A. Co Md

17. INFORMANT (Address) Rel Balto City Hospital

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 10/19/1932

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 18 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10. 16. 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-7-1932 to 10-16-1932

I last saw him alive on 10-16-1932 Death is said to have occurred on the date stated above, at 7.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Schizophrenia	10-1-1931
Other contributory causes of importance: Starvation	4-1-32
Bronchopneumonia	10-11-32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

10-17-32 (Signed) Henry Haigler M. D.

(Address) Balto City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83740 E 83740

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1836 Rutland Ave. Ward) 8-17

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Ellen Domschke

(a) Residence: No. 1836 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Daniel Domschke

DATE OF BIRTH (month, day, year) Dec 13 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Life

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William Witte

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Elmira Underwood

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/20 1932

19. UNDERTAKER Wm Cook

(Address) 1213 St Paul St

Huntington Williams N.P.

OCT 18 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to Oct 17 1932

I last saw her alive on Oct 17 1932 Death is said to have occurred on the date stated above, at 10 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1
Hypertension	1
"	
Other contributory causes of importance:	
Uremia	3 ds

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Blumgardner M. D.

(Address) Rosedale Md.

AaCo. 5-31 250E

83741 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83741

CERTIFICATE OF DEATH

157-103

Registered No. 19-36

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St.) (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Gibson

(a) Residence: No. — St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 11, 1932.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	5 hrs. 20 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Laura Craig ?

14. BIRTHPLACE (city or town)
(State or country) N. C.

15. MAIDEN NAME Mary Ann Gibson

16. BIRTHPLACE (city or town) Hopkins
(State or country) S.C.

17. INFORMANT Mary Ann Gibson
(Address) 609 George St.

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel, Md. Date Oct 18th, 1932

19. UNDERTAKER [illegible]
(Address)

20. [illegible] 1932 [illegible] Washington Funeral Home, [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1932, to Oct 11, 1932

I last saw her alive on Oct. 11, 1932 death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart anomaly (or bilocular)	
Partial congenital atelectasis	
Aortic stenosis	
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) [illegible] M. D.

(Address) [illegible]

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83742

CERTIFICATE OF DEATH

E 83742

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals 107-001

CITY OF BALTIMORE: (No. Baltimore) Md St., 16-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene F Mules

(a) Residence: No. 1123 N Fulton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Mules

7. DATE OF BIRTH (month, day, year) Feb. 22 ? 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0/2	- 9	- 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 053

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Sarah Weeks ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemt. Date Oct. 20. 1932

19. UNDERTAKER Geo. W. Little
(Address) 2780 Edmondson Ave

Filed 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-15 1932 to 10-18 1932

I last saw h[illegible] alive on 10-18 1932. Death is said to have occurred on the date stated above, at 2:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-13-32
Other contributory causes of importance:	
Senility	Unknown
arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10-18-32 (Signed) Elmer Hitchcock M. D.

(Address) Baltimore City Hospitals

Spec.—9 30—A. & Co.—250 Bks.

83743 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83743

CERTIFICATE OF DEATH. 131

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1733 E. Preston ST. 8-17 WARD)

2-FULL NAME John H Gipe

(a) RESIDENCE No. 1733 E. Preston ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary M Gipe

6 DATE OF BIRTH (month, day, and year) Nov 2 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	11	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Geo Gipe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Prussia

12 MAIDEN NAME OF MOTHER Elizabeth Lyons

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Miss Breese Gipe 1733 E. Preston Street

15 Filed ....., 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10 | 17 | 32

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1932 to Oct 17, 1932

that I last saw h[illegible] alive on Oct 17, 1932

and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows: Myocarditis Chr. with Mitral Stenosis & Regurgitation Chr.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Exam

(Signed) E. H. Loudin M. D.

, 19 . (Address) 817 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Oct 21 1932
20 UNDERTAKER Henry Lutz	ADDRESS 1203 N. Broadway

Filed Oct 19 1932 Registrar

D. B. 1268-9

83744 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83744

CERTIFICATE OF DEATH

93-001

Registered No. .....

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 825 Granby St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Lupo

(a) Residence: No. 825 Granby St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1896

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Lupo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER

(Address)

... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Acute alcoholism	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) 305 E Baltimore St

D. B. 1268-9

83745

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83745

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2030 Herbert St., 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas W. Crook

(a) Residence: No. 2030 Herbert St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Daughters
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER
(Address)

19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Uraemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

D. H. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83746

E 83746

CERTIFICATE OF DEATH

Registered No. 32-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1131 Whatcoat St., 16-22 Ward

Length of residence in city or town where death occurred yrs. Life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Elizabeth Stevens

(a) Residence: No. 1131 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

7. DATE OF BIRTH (month, day, year): July 15-1886

AGE: Years 46 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME of father: Geo. Stevens

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME of mother: Sarah E Daly

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Blanche Thompson 1131 Whatcoat

18. BURIAL, CREMATION, OR REMOVAL: Place Laurel Date Oct. 19 1932

19. UNDERTAKER (Address): Chas. H. Grace & Son 1201 W. Lafayette Ave

Registrar: Huntington Williams, M.D.

DATE 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 16 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation: ... Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Falk M. D.

(Address) Coroner

M. D. B. 1268-9

83747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83747

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Genl Hospital St., Ward)

Length of residence in city or town where death occurred 0 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thompson S Bealor

(a) Residence: No. 1226 Orren st NE St., Ward, Washington D.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Navy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carlisle Pa

13. NAME Thompson Bealor

14. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

15. MAIDEN NAME Anna E. Delt

16. BIRTHPLACE (city or town) (State or country) Carlisle Pa

17. INFORMANT (Address) Thompson Bealor Sr Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Arlington Natl Cemetery Date 10/20/1932

19. UNDERTAKER (Address) Wm Cook 1217 St. Paul St. Baltimore, Md.

Registrar

OCT 8 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 to 19

I last saw h alive on Injury, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma Crushed Chest Internal Injuries	10/17/32
Other contributory causes of importance: Automobile Accident	10/17/32

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/17, 1932

Where did injury occur? Main Highway nr Odenton Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking along road.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Monument St

M. D. B. 1268-0

83748

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83748

CERTIFICATE OF DEATH

106-002

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 740 N. Kenwood Ave. St., 7-12 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Henderson

(a) Residence: No. 740 N. Kenwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 27, 1864.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Hewitt Henderson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Bentley

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Beatrice A. Eardley
740 N. Kenwood Ave.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore County Date Oct. 20, 32

19. UNDERTAKER [illegible]
(Address) 4101 Edmondson Ave.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1932 to Oct 17, 1932

I last saw him alive on Oct 17, 1932 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic bronchitis	

Other contributory causes of importance:
Dilatation of heart -
Oedema of lungs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Wm J Schmitt M. D.

(Address) 701 N. Howard ave.

M. D. B. 1268-9

E 83749

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83749

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: West Balto Hosp (Ward) 8-40

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wm E. Betz.

(a) Residence: No. 3130 Ravenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eliza Betz. Nee Goodwin

6. DATE OF BIRTH (month, day, year) July 19-1901

7. AGE: Years 31 | Months 2 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Betz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Gatterer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Eliza Betz
(Address) 3130 Ravenwood

18. BURIAL, CREMATION, OR REMOVAL
Place National Date Oct 20, 1932

19. UNDERTAKER Harry N. Leitzke
(Address) 4[illegible] Washington Blvd

Oct 19 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 to [illegible] 19 alive on [illegible] 19 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows: Eclamptic Convulsions Originated in Pregnancy — Date of onset

Other contributory causes of importance: Headache Fell down steps during attack Oct 13th Contusion of Head & Back

Name of operation: Regular Date of

What test confirmed diagnosis: [illegible] there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury [illegible] 19

Where did injury occur? [illegible] (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D. Coroner

(Address)

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

3750

CERTIFICATE OF DEATH

E 83750

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Univ. Hosp. St. 4-20 Ward)

ength of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lucy Collins

(a) Residence: No. Annapolis Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr Lucy Collins

DATE OF BIRTH (month, day, year) " " "

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Given

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Given

13. NAME Not Given

14. BIRTHPLACE (city or town) (State or country) Not Given

15. MAIDEN NAME Not Given

16. BIRTHPLACE (city or town) (State or country) Not Given

17. INFORMANT Not Given
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md Oct 18 1932

19. UNDERTAKER Geo M. Arnold & Son
(Address) 51 Maryland Avenue Annapolis Md

FILED 18 1932 19 Oct 25 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1932 to Oct. 18, 1932

I last saw her alive on Oct. 18, 1932 Death is said to have occurred on the date stated above, at 1 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix uteri	June 32
Other contributory causes of importance: Pelvic Peritonitis	10-13-32
Generalized Peritonitis	10-15-32

Operation of Biopsy Cervix Uteri Date of 10-12-32

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) H. Savage M. D.

(Address) Univ. Hosp. Baltimore Md

M. D. B. 1288-B

83751

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 83751

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2743 Guilford Ave St., 50 Ward)

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Schaub

(a) Residence: No. 2743 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced) HUSBAND of (or WIFE of) Mary Louise Schaub

6. DATE OF BIRTH (month, day, year) Mar 31st 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Otto Schaub

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Kerber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Schaub

(Address) 2743 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/19/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Harlington W. Williams Registrar.

Oct 18 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1916 to Oct 16th, 1932

I last saw h alive on Oct 15th, 1932 Death is said to have occurred on the date stated above, at 2.25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Unknown
Chronic Interstitial Nephritis	Unknown

Other contributory causes of importance:

Pulmonary Edema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frederick L. Crum, M. D.

(Address) 2827 N. Calvert St.

ACo. 5-31 250B

83752 HEALTH DEPARTMENT—CITY OF BALTIMORE

66-0 E 83752

CERTIFICATE OF DEATH

1. PLACE OF DEATH Woman's Hospital (27-54 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 65 yrs. 30 mos. - ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Carrie Quandt

(a) Residence: No. 1212 Belvedere Ave. St. Washington, Ind.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Quandt.

7. DATE OF BIRTH (month, day, year) Apr. 22 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME Frederick Walters

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Ann Carrick

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Elizabeth Bertram

(Address) 1212 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Oct 19 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Oct 19 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1932, to Oct 17, 1932

I last saw her alive on Oct 17, 1932 death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Adenoma of Thyroid	1927
Auricular Fibrillation	Oct 1932

Name of operation Thyroidectomy Date of Oct 17 32

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Marvin P. Johnson M. D.

(Address) Woman's Hospital

D. B. 1268-9

83753

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83753

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 68 yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank J. Buckley
(a) Residence: No. Edgewater St; St Helena Ward. Balto. Md. Dundalk Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosella Buckley
DATE OF BIRTH (month, day, year) Oct 15, 1874

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	68	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Treater 086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corn Cob Seal
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 16 1/2 yrs

12. BIRTHPLACE (city or town) (State or country) Boston Mass

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Rosella Buckley
(Address) Dundalk Md

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 10/19/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E. Baltimore St
Huntington Printing Co.

Filed Oct 18 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932 to Oct 16, 1932
I last saw h~~im~~ alive on Oct 16, 1932 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance:	
Bronchial pneumonia	Oct 15

Name of operation ~~Resection of Stomach~~ Exploratory Date of Oct 11
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) C. R. Ahroon Jr M. D.
(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83754

83754

CERTIFICATE OF DEATH

127-602

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 Rosebank Ave St.) Ward 48

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Carrie W. Bauer

(a) Residence: No. 442 Rosebank Ave St., Ward. Govans

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of J. Edward Bauer

6. DATE OF BIRTH (month, day, year) Sept 22nd 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Reuther

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susan E. Milburn

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Miss Carrie W. Bauer

(Address) 442 Rosebank Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 10/19/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St Huntington W. Va.

20. Date 10-18-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932 to Oct 17, 1932.

I last saw her alive on Oct. 16, 1932. Death is said to have occurred on the date stated above, at 12:17 A.m.

The principal cause of death and related causes of importance were as follows:

Acute Intestinal Obstruction — Date of onset 10-8-32

Other contributory causes of importance:

Toxemia — 10-14-32

Name of operation ✓ Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ....., 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? ✓ If so, specify .....

(Signed) Lee K Sheeing M. D.

(Address) 1120 St Paul St.

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83755 ✓ E 83755

83755 X 35

CERTIFICATE OF DEATH

Registered No. 12454

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

Length of residence in city or town where death occurred 4 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Johan Melse (Anna)

(a) Residence: No. ~~Union Memorial Hosp.~~ Institutions St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

If married, ~~widowed or divorced~~ (or) HUSBAND of WIFE of John Melse

DATE OF BIRTH (month, day, year) March 16, 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) May 2, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

13. NAME Abraham Haamed

14. BIRTHPLACE (city or town) (State or country) Holland

15. MAIDEN NAME Wilehema Boardman.

16. BIRTHPLACE (city or town) (State or country) Holland.

17. INFORMANT Mr Johan Melse
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Carrolls Creek Cemetery Date Oct 20 19 32

19. UNDERTAKER Wm Cook
(Address) 1317 St Paul St

Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 1932 to October 17, 1932

I last saw her alive on October 17, 1932 Death is said to have occurred on the date stated above, at 11.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary infarction	May 11, 32
Pulmonary infarction	June 17, 32

Other contributory causes of importance:

Chronic pelvic inflammatory disease	Feb 17, 31
Thrombophlebitis Left Pelvic Veins	Mar. 3, 1931

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Frank R. Stephenson M. D.

(Address) Union Memorial Hospital

Rec.—2-29-28—L. F. S.—500 Bks.

(Durham)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83756

CERTIFICATE OF DEATH

59

E 83756

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 2027 Eutaw Pl. ST., 25-32 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margetta Durham

(a) RESIDENCE NO. 2027 Eutaw Pl. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (Write the word): Widowed

If married, widowed, or divorced (w) WIFE of Frate Zacharia Durham

DATE OF BIRTH (month, day, and year) Feb. 1, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	61	8	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): -

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Not Given Frederick Co. Md.

10 NAME OF FATHER Benjamin Sumner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Not Given Frederick Co. Md.

12 MAIDEN NAME OF MOTHER Emma Shelton

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Not Given Frederick Co. Md.

Informant Mattie P. Griffin

(Address) 2011 Maryland St.

Filed 1932 Huntington Wallace, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17/32

17 I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to Oct 17, 1932

that I last saw her alive on Oct 17, 1932

and that death occurred, on the date stated above, at 3.45 P. m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Arthritis Chronic multiple

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) H Lamont Wheeler M. D.

10/18, 1932 (Address) 2910 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Oct 20/1932

20 UNDERTAKER: Arnold & Sons

ADDRESS: Pratt & Eutaw Sts

D. B. 1268-9

83757 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83757

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals, Md St., 15-23 Ward)
Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Hilary Smallwood

(a) Residence: No. 1310 Stockton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane Smallwood

DATE OF BIRTH (month, day, year) June 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Chas Co Md

13. NAME Vincent Smallwood
14. BIRTHPLACE (city or town) (State or country) Chas Co Md

15. MAIDEN NAME Nancy Millbur
16. BIRTHPLACE (city or town) (State or country) Chas Co Md

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Oct 19, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1203 Pennsylvania Ave Washington D.C.

OCT 18 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-10-1932 to 10-15-1932
I last saw him alive on 10-15-1932 Death is said to have occurred on the date stated above, at 2:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	10-3-32 Indefinite
Other contributory causes of importance:	
Bronchopneumonia	10-9-32

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

10-18-32 (Signed) Dunc Hilary M. D.
(Address) Balto City Hospitals

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83758

83758

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5313 (Street) Gurpin Oak Ave (Ward) 28-64

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna M. Riggan

(a) Residence: No. 5313 Gurpin Oak Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. Howard Riggan

DATE OF BIRTH (month, day, year) May 9. 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER John H. Gallagher

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

15. MAIDEN NAME OF MOTHER Hattie Gallispie

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT J. Howard Riggan

(Address) 5313 Gurpin Oak Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn, Date Oct. 19. 32

19. UNDERTAKER Maynard D. Pilgrim

(Address) 4118 Reisterstown Rd

OCT 18 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11. 1931. to Oct 17. 1932

Last saw h[illegible] alive on Oct 17. 1932. Death is said to have occurred on the date stated above, at 2:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pelvis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm D Gilbert M. D.

(Address) 3608 Sequoia Ave

83759

HEALTH DEPARTMENT—CITY OF BALTIMORE

83759 V E 83759

CERTIFICATE OF DEATH.

82-001

REGISTERED No. C

PLACE OF DEATH

CITY OF BALTIMORE (No. The Lafayette - 32nd + St Paul Sts WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1 FULL NAME Robert Estabrooke Campbell.

Residence in Baltimore: No. The Jefferson 32nd & St Paul St (2 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

SEX	4-COLOR OR RACE	5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)
Male	White	M

DATE OF BIRTH, Feb 11 (Month) (Day), 1880 (Year)

AGE, 52 yrs. 8 mos. 6 ds. If LESS than 1 day, ...hrs. or.....min.?

OCCUPATION:
(a) Trade, profession, or particular kind of work: Professor - U of M
(b) General nature of industry, business, or establishment in which employed (or employer): Washington + Lee Univ

BIRTHPLACE, (State or Country): Virginia

10-NAME OF FATHER: Alexander D. Campbell.

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Mary Estabrook Bell.

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

I-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eva B. Moale

(Address) 2122 Mt. Royal Ave

OCT 19 1932 Filed ..... Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 17th (Month) (Day), 1932 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said..... (Inquest, autopsy or inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Colitis

(Duration) ....yrs.....mos.....ds.

CONTRIBUTORY (Secondary) .....

(Duration) ....yrs.....mos.....ds.

(Signed) Geo. H. Rosenau M. D. (Coroner)

10/18/32 1932 (Address) 3622 Roland Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death....yrs.....mos.....ds. In the State....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL, St Thomas Garrison Forest Cem. | DATE OF BURIAL, Oct 19, 1932

UNDERTAKER Henry H Jenkins & Co | ADDRESS Catonsville Md

D. B. 1268-9

83760 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83760

CERTIFICATE OF DEATH

Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 659 Pierce St., 17-25 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reginald Levy Henson

(a) Residence: No. 659 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 29 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	X	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm. Henson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Courtney Levy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. C. Henson

(Address) 659 Pierce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olive Date Oct 20 1932

19. UNDERTAKER Wm. H. Grace & Son

(Address) 638 N. Eutaw St, Baltimore, Md

20. FILED OCT 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Malnutrition

Date of onset

Other contributory causes of importance:

Enteritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Feller M. D.
Coroner

(Address) 2739 Boston St

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83761

CERTIFICATE OF DEATH

59 V E 83761

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1648 Burton Ave St. 15-18 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Hochman

(a) Residence: No. 1648 Burton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Abraham Hochman

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Own Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Joseph Hirsh

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Louis Zeltzer

(Address) 1648 Burton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Levering Park Date 10-19 32

19. UNDERTAKER Sol Levin Inc

(Address) 39 E Baltimore St.

OCT 19 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932, to Oct. 18, 1932

I last saw h alive on Oct. 17, 1932 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease	1920

Other contributory causes of importance:

Diabetes Mellitus	1920

Name of operation 0 Date of ...

What test confirmed diagnosis? Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Saul Walman M. D.

(Address) 2444 Eutaw Place

H. D. B. 1268-9

Cato Carroll

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83762

CERTIFICATE OF DEATH

83762 PLACE OF DEATH Provident Hospital V 82-001 Registered No. .....

CITY OF BALTIMORE: (No. 1614 Division St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cato Carroll

(a) Residence: No. 1604 Division St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy Carroll

DATE OF BIRTH (month, day, year) 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rachel Henry

(Address) 1604 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Jer. Cem. Date 10-19 1932

19. UNDERTAKER Thos. A. Gibson

(Address) 1733 Edmondson Ave

FILED OCT 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on Oct 18, 1932 Death is said to have occurred on the date stated above, at 4:00 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-13-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. T. Harris M. D.

(Address) Provident Hospital

H. D. B. 1268-9

83763 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83763

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH Balto City Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) St. 10-14 Ward) Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Collin H Peat

(a) Residence: No. 711 E. Chase St. ..... St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3/2/1886

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur. 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William Collin

14. BIRTHPLACE (city or town) (State or country) Scotland.

15. MAIDEN NAME Mary Pence

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Pt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct 20th 1932

19. UNDERTAKER Peter Wiedefeld
(Address) 214 Greenmount Ave

FILED OCT 19 1932 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-6-1932 to 10-17-1932

I last saw him alive on 10-17-1932 Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary Carcinoma Bladder	?

Other contributory causes of importance:

Uremia

Name of operation No Date of

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh Bruce Gallagher M. D.

(Address) Balto City Hospitals

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83764

CERTIFICATE OF DEATH

E 83764

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 771 W. Saratoga St. 18-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah J. Nelson

(a) Residence: No. 771 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Jackie Nelson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah Roper
(Address) 771 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Oct 20, 1932

19. UNDERTAKER Samuel Heywood
(Address) 918 N. Eutaw St.

OCT 19 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/16, 1932 to 10-18, 1932.

I last saw h[illegible] alive on 10/17, 1932. Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	10/17/32
Coma	
Other contributory causes of importance: Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) M. Gaetano M. D.
(Address) Coordsburg Pa

H. D. B. 1269-9

E 83765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83765

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 769 George St., 17-26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna L. Williams

(a) Residence: No. 769 George St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 15-1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Chas. N. Williams

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Jemima Wm

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Fannie Thomas

(Address) 769 George St

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem Date Oct 29 1932

19. UNDERTAKER Samuel P. Hemsley

(Address) 578 N. Eutaw St

19 1932 Huntington Williams, M.D.

(Filed) (Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to Oct 16 1932

I last saw him alive on Oct 14 1932 Death is said to have occurred on the date stated above, at 4-20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 14 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, when .....

(Signed) Huntington Williams M. D.

(Address) 913 N George

D. B. 1968-9

E 83766

83766 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital — Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1800 — Ward 19)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME George Douglass

(a) Residence: No. 777 Sarah Ann St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 7, 1892

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
39	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer G & O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George Douglas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sallie White

16. BIRTHPLACE (city or town) (State or country) Essex Co Va

17. INFORMANT Annie Robinson (aunt)
(Address) 211 N Amity St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Oct 19, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED OCT 19 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1932 to Oct. 16, 1932
I last saw h. alive on Oct 16, 1932 Death is said to have occurred on the date stated above, at 3:16 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	—
Other contributory causes of importance: Bronchopneumonia	10-14-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. T. Liggins M. D.
(Address) Provident Hospital

D. B. 1268-9

3576
83767

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83767

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-9 Ward)

Registered No. 18V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marian Gratton (Grattan)

(a) Residence: No. 220 N Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5/22/32

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~24~~	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME John Gratton

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Estes

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct. 20, 19 32

UNDERTAKER Philip Herring & Co.
(Address) 2016 Eastern Ave.

OCT 19 1932 Register Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1932 to Oct 18, 1932

I last saw her alive on Oct 18, 1932 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus.	
Meningococcus Meningitis.	July 28

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. Buckford, M. D.

(Address) Johns Hopkins Hosp

D. B. 1268-9

83768 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83768

CERTIFICATE OF DEATH

V 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 1-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett Brown

(a) Residence: No. 824 McDonough St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day..... hrs. or min.
20			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 0 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Stevens Brown

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Pearl Simmons

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Harriett Gleaves

(Address) 824 McDonough St

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct 19½ 1932

UNDERTAKER Archibald A. Laddis

(Address) [illegible]

OCT 19 1932

[illegible] 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to Stab Wounds of left subclavian vessels	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Oct 16/32

Where did injury occur? 1911 Henneman Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Stabbed by penknife

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [signature] M. D.

Coroner

(Address) 502 E Lanvale

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83769 E 83769

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 Parkwood Avenue St. 13-59 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Joseph McClenahan

(a) Residence: No. 2841 Parkwood Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rose Valentine

DATE OF BIRTH (month, day, year) Oct. 20, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McClenahan & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

13. NAME John McClenahan

14. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

15. MAIDEN NAME Mary E. Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Nashville Tenn.

17. INFORMANT Mrs. Mary R. McClenahan

(Address) 2841 Parkwood Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. Date 10/21 19 32

19. UNDERTAKER Henry A. Wentz & Son

(Address) 1726 Pennsylvania Ave.

FILED OCT 19 1932 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 12 1932 to Oct 18 1932

I last saw him alive on Oct 18 1932. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis and chronic myocarditis with hypertension	1927
Other contributory causes of importance:	
Cerebral thrombosis	10/18/32

Name of operation Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Huntington Williams, M. D.

(Address) 1726 Pennsylvania Ave.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83770

CERTIFICATE OF DEATH

Registered No. 83770

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sarah Hawkins Balto City Hospitals 3603

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 15-2 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Hawkins

(a) Residence: No. 1637 N. Carey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3. If married, widowed, or divorced WIFE of (or) HUSBAND of: Joseph Hawkins

DATE OF BIRTH (month, day, year): Aug 7 1871

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
61	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Worn 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Charles Co Md

13. NAME: James Moore

14. BIRTHPLACE (city or town) (State or country): Chas Co Md

15. MAIDEN NAME: Sarah Ann Lancaster

16. BIRTHPLACE (city or town) (State or country): Chas Co Md.

17. INFORMANT: Records Cadet Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: St Peters Date: Oct 2 or 3

19. UNDERTAKER: Clarence Whitelow
(Address): 1009 Carey St

FILED: OCT 29 1932 Registrar: Edington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-10 1932 to 10-17 1932

I last saw her alive on 10-17 1932 Death is said to have occurred on the date stated above, at 10.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	10-1-32
Other contributory causes of importance: acute myocarditis insufficiency	10-15-32

Name of operation: None Date of: —

What test confirmed diagnosis: — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

10-18-32 Elmer Hirsberg M. D.
(Signed)
(Address) Cadet Hospital

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83771

83771

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Maryland General Hospital St. 24-33 Ward)

2-FULL NAME Robert A. Bayne

(a) RESIDENCE NO. 1011 Riverside Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sep't 11 1904

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	28	1	4 7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer) North-Eastern Police Station
(c) Name of employer The State

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William C. Bayne

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Carrie E. Edwards

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

14 Informant Mrs. Emma Scheckels (Sister)
(Address) 1011 Riverside Ave.

15 Filed 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH was as follows: Ruptured Gastric Ulcer

Contributory

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of Oct 18

Was there an autopsy? No

What test confirmed diagnosis? Regular Post Mortem

(Signed) Hoblitzell M. D.

1932 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — DATE OF BURIAL Oct 21 1932

20 UNDERTAKER John F. Denny — ADDRESS 715 Light St.

Registrar

U. S. N.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83772 E 83772

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital Ward

Registered No. 1547

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unnamed Baby Sueller (male)

(a) Residence: No. 3726 Ellerslie Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 7-1932

AGE Years	Months	Days	If LESS than 1 day 30 hrs. or 30 min.
✓	✓	✓ 2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Walter Sueller

14. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

15. MAIDEN NAME Edna Hagerman

16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

INFORMANT Walter Sueller

(Address) 3726 Ellerslie ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Oct 20 1932

UNDERTAKER Fetzer Bros

(Address) 2242 Eastern Ave

Filed Oct 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1932 to Oct. 19 1932

I last saw him alive on Oct. 16 1932 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-maturity	✓
Other contributory causes of importance: Respiratory Failure (atalecta sis)	10-17-32

Name of operation ✓ Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. F. Young M. D.

(Address) St Josephs Hosp

Spec.—1-10-21—M&T—1500 Blks.

83773

HEALTH DEPARTMENT—CITY OF BALTIMORE E 83773

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 1149 N Mount ST. 16-22 WARD

2-FULL NAME John Andrew Brown

(a) RESIDENCE NO. 1149 N Mount ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Louisana Brown

6 DATE OF BIRTH (month, day, and year): Sept 1, 1861

7 AGE — Years: 64 — Months: 1 — Days: 17 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer: A A. Co md

9 BIRTHPLACE (city or town) (State or country): A A. Co md

PARENTS

10 NAME OF FATHER: Charles Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country): A A. Co md.

12 MAIDEN NAME OF MOTHER: Henrietta —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): A A Co md

14 Informant: Catharine Brown

(Address): 1149 N Mount st

15 Oct 18, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 17 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 17, 1932, that I last saw him alive on Oct 17, 1932, and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia: Broncho-

to pe

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis malnutrition

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Dr. French M.D., M. D.

Oct 18, 1932 (Address) 2329 Arunah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery — DATE OF BURIAL: Oct 21 1932

20 UNDERTAKER: Thomas E. Kelson. — ADDRESS: 1303 Presstman St

MACo. 5-31 2505

HEALTH DEPARTMENT—CITY OF BALTIMORE

83774 E 83774

82-002

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Sherwood Ave 9-18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Lilly Sr.

(a) Residence: No. 1908 Sherwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie E. Lilly

7. DATE OF BIRTH (month, day, year) Aug 21-1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186
10. Date deceased last worked at this occupation (month and year) Oct 1932
11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER George W. Lilly

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Sarah Headley

16. BIRTHPLACE (city or town) (State or country) Pa Germantown

17. INFORMANT Mrs. G. W. Lilly
(Address) 1908 Sherwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date 10/-1 1932

19. UNDERTAKER Leonard Rusk
(Address) 1301 Hanford Rd

Filed ... 19... Registrar

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1932, to Oct 17 1932

I last saw h[illegible] alive on Oct 17 1932. death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	April 28 32
Terminal Bronchopneumonia	Oct 6 32

Other contributory causes of importance:

Phlebitis	Left

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 1325 Hanford Rd

D. B. 1268-9

83775 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83775

CERTIFICATE OF DEATH

62-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 East 25th St. 12-50 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FLORENCE REBECCA THOMAS

(a) Residence: No. 422 East 25th St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C. Thomas

DATE OF BIRTH (month, day, year) June 14, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Charles Stuck

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Margaret Mitchell

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Harry C. Thomas (Husband)

(Address) 422 East 25th Street.

BURIAL, CREMATION, OR REMOVAL

Place reenmount Cemetery Date Oct. 20, 1932

UNDERTAKER nry Sander & Sons, Inc.

(Address) Baltimore St. Broadway

Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 19 24 to October 18 19 32

I last saw h alive on December 17 19 32. Death is said to have occurred on the date stated above, at 6.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
with Hemiplegia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arlie B Mateer M. D.

(Address) 6 Calvert & Mulberry Sts

. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83776

E 83776

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Elsinore apt. (St.) 15-61 (Ward)

cor. Durall - Elsinore

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Deichmann

(a) Residence: No. Elsinore & Durall Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Deichmann

DATE OF BIRTH (month, day, year) Nov 15 - 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Edward Rubnet

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo F. Deichmann

(Address) 514 N. Chapelgate Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 20, 1932

19. UNDERTAKER Wm. J. Tuchman, Son.

(Address) North & Pa

20. 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-14-, 1932 to 10-18-, 1932

I last saw her alive on 10-17-, 1932 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/17/32
Other contributory causes of importance: Arterio-sclerosis	Years ago

Name of operation none Date of

What test confirmed diagnosis? / Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clarence H. Carell M. D.

(Address) 3205 Liberty Hgts. Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83777

CERTIFICATE OF DEATH

119 E 83777

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 N. Eutaw St., 5-8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Ross

(a) Residence: No. 303 N. Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 6/32

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt. Md

13. NAME Joseph Ross

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Helen Short

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Helen Ross

(Address) 303 N. Eutaw

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 19 ... 19 32

UNDERTAKER

(Address) Huntington Millspaugh, N.Y.

1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 ... 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Carbuncle - Neck
Diphtheria Antitoxin

Date of onset

Other contributory causes of importance:

Malnutrition

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. R. 1269-9

83778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83778

CERTIFICATE OF DEATH

Registered No. 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 N Castle St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise Gawlis

(a) Residence: No. 1831 N Castle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. If Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Gawlis

6. DATE OF BIRTH (month, day, year): June 6, 1870

7. AGE: Years 62 | Months 4 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

13. NAME: Lena Westphal
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Louis Gawlis
(Address): 834 N Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place: ~~Loudon Park~~ Parkwood Date: 10/27/32

19. UNDERTAKER: J. M. [illegible]
(Address): 1211 E. Fayette St

20. 1932 Registrar. Arlington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/1/32, 19... to 10/19/32, 19... I last saw h... alive on 10/17/32, 19... Death is said to have occurred on the date stated above, at 1 1/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	10/32

Other contributory causes of importance:

Arteriosclerosis	1 y.

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify

(Signed) [signature] M. D.
(Address) 3212 E

M. D. B. 1268-9

83779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 83779

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6510 Brighton Ave St. Ward.)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occ... 13 mos. ...ds. How long in U. S. If of foreign birth?...yrs...mos...ds.

2. FULL NAME Jacob K. Geist (in city north of Mt. Hope wall)

(a) Residence: No. 6510 Brighton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Rebecca Geist

6. DATE OF BIRTH (month, day, year) Aug 11th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Abram Geist

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Rebecca Geist

(Address) 6510 Brighton Ave

18. BURIAL, CREMATION, OR REMOVAL

Cooley Cemetery Balto Co Md Date 10/21/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1932 Wm Hamilton Williams, M.D. Registrar.
& O. of H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1932 to Oct 18, 1932

I last saw him alive on Oct 18, 1932. Death is said to have occurred on the date stated above, at 1:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 18
Had stroke about FAM Oct 16/32	

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

— If so, specify

(Signed) Geo F. Everhart, M. D.

(Address) 1760 Windsor Mill Rd

ACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83780

3780

CERTIFICATE OF DEATH

X 93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. South Balto General Hosp Ward) 24-33

ngth of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Pumphrey.

(a) Residence: No. Brunswick Md. St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Carrie Pumphrey

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, Grain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grain Bus
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

2. BIRTHPLACE (city or town) (State or country) Md

13. NAME John G. Pumphrey

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Dead.

16. BIRTHPLACE (city or town) (State or country) Md.

7. INFORMANT Pat Pumphrey Brunswick Md.
(Address)

8. BURIAL, CREMATION, OR REMOVAL Place Brunswick Md. Date Oct 19 1932

9. UNDERTAKER C. H. Fuller & Son Brunswick Md.
(Address) Brunswick Washington Co. Md.

1932 B of P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/12 1932 to 10/19 1932

I last saw h.. alive on 10/19 1932 Death is said to have occurred on the date stated above, at 4:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock	10/12/32

Other contributory causes of importance:
Benign Prostatic Hypertrophy
Bronchopneumonia
Chronic Myocarditis

Name of operation Prostatectomy Date of 10/11/32

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Miller M. D.

(Address) South Balto General

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83781

83781

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 1614 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Nellie Hynes

(a) Residence: No. 1005 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hynes

DATE OF BIRTH (month, day, year) April 26, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas Morley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Cairns

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct. 22, 1932

19. UNDERTAKER Elmer W. Conklin
(Address) 924 E. Eager St.

Filed Oct 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1932, to Oct 19, 1932

I last saw her alive on October 19, 1932 Death is said to have occurred on the date stated above, at 10:05 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	1920

Other contributory causes of importance:

Uremia	

Name of operation None Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. R. Burns M. D.

(Address) Mercy Hospital

D. B. 1268-9

E 83782 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83782

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1927 W. Mulberry St. 20-27 Ward)

Length of residence in city or town where death occurred 30 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Nettie E. Sheppard

(a) Residence: No. 1927 W. Mulberry St., .. Ward. ..
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Sheppard

DATE OF BIRTH (month, day, year) February 25, 1874

AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	58	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ..

11. Total time (years) spent in this occupation ..

12. BIRTHPLACE (city or town) Cambridge
(State or country) Maryland

13. NAME George Davidson

14. BIRTHPLACE (city or town) East New Market
(State or country) Maryland

15. MAIDEN NAME Mary E. Tucker

16. BIRTHPLACE (city or town) East New Market
(State or country) Maryland

17. INFORMANT Mr. William Sheppard
(Address) 1927 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Oct. 21 . 1932

19. UNDERTAKER Joseph Cook
(Address) 1003 W. Baltimore St.

Filed Oct 26 1932 . 19 .. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 . 1932 to Oct. 18, . 1932
I last saw her alive on Oct. 18 . 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-15-32
Arteris - Sclerosis - Don't Know	

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .. Date of Injury .. 19 ..

Where did Injury occur? ..
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ..

Manner of Injury ..

Nature of Injury ..

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ..

(Signed) Joseph C Cook M. D.

(Address) 1203 W. Fayette St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83783 E 83783

CERTIFICATE OF DEATH

V 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1912 Hanover St., E-13 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Hardesty

(a) Residence: No. 1912 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	M

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Hardesty

DATE OF BIRTH (month, day, year) April 2 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hod Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Owen Hardesty

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Ellen P.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Caroline Hardesty

(Address) 1912 Hanover ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 10/20, 1932

19. UNDERTAKER Rayner Sanders

(Address) 1133 E. Preston St

Filed 10/20, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from aug. 1, 1932 to oct 18, 1932

I last saw him alive on Oct 18, 1932 Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5/1/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin Blake Compton, M. D.

(Address) 1113 N. Caroline St

D. B. 1268-9

83784 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83784

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel C. Blake

(a) Residence: No. 308 E. Spring St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Mary Simms

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm. E. Severe
(Address) U.S. Veteran's Bureau

18. BURIAL, CREMATION, OR REMOVAL Washington DC Oct 20 1932
Date

19. UNDERTAKER Samuel B. Hemsley
(Address) 578 N. Eutaw
Huntington Williams Co. Inc.

Filed Oct 20 1932.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16/32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John O'Brien M. D.
Coroner

(Address) 508 E Fayette

Spec—12-23-21—E.5 R.S.—400 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

83785

V 131 E 83785

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 136 W Clement St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Thomas Cunningham

(a) Residence No. 136 W Clement St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced, (Write the word.) Widower

6a-If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Cunningham

6-DATE OF BIRTH (month, day and year) July 12-1866

7-AGE. 66 yrs. 3 mos. 6 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Stationary Engineer 30

(b) General nature of industry, business, or establishment in which employed (or employer): Retired

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country), Toronto Canada

PARENTS.

10-NAME OF FATHER, unknown

11-BIRTHPLACE OF FATHER (city or town) (State or Country), unknown

12-MAIDEN NAME OF MOTHER, unknown

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Unknown

14-INFORMANT (Informant) Mrs Mary Phelps

(Address) 136 W Clement St

15-Filed 1932

Registrar Huntington Wolfville, N.S. GMG

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Oct 15 1932

17- I HEREBY CERTIFY, That I attended deceased from July 20, 1932 to Oct 15, 1932

that I last saw him alive on Oct 15, 1932

and that death occurred, on the date stated above, at 2.30 m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis

(Duration) unknown yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis

(Secondary) Hypertension (Duration) 1 yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Phys & Lab

(Signed) [illegible], M. D.

10/19, 1932 (Address) 1217 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Cedar Hill Cemetery

DATE OF BURIAL. Oct. 21, 1932

20-UNDERTAKER George L. Schwab

ADDRESS 2101 Eutaw Ave.

E 83786

D. 83786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

28-65 V 59

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4429 Clifton Road St. 28-65 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matilda B. Jenkins

(a) Residence: No. 4429 Clifton Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Talbot W. Jenkins

DATE OF BIRTH (month, day, year) Apr. 10. 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Richard G. Banks

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Julia Howlett

16. BIRTHPLACE (city or town) (State or country) Varmont

17. INFORMANT Sara B. Banks
(Address) 227 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cemetery Date Oct 21. 32
Long Green Md.

19. UNDERTAKER John C. Mitchell
(Address) 1200 Eutaw Place

Filed OCT 20 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19. 32. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930 to Oct 19 1932

I last saw h[illegible] alive on Oct 18 1932 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Sept 1/32
Other contributory causes of importance: Diabetes Mel.	from history about 4 yrs.

Name of operation none Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Walter Tibbett M. D.

(Address) 2220 Garrison Ave.

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8v E 83787

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

83787

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenham Hospital St. No. W Ward)

Length of residence in city or town where death occurred 17 yrs. 7 mos. 18 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Benton

(a) Residence: No. 311 So. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

DATE OF BIRTH (month, day, year) March 1, 1920

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Harry Benton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Webb

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harry Benton (Father)
(Address) 311 So. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 20, 1932.

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 4033 Wolfe St.

20. FILED OCT 20 1932 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1932, to Oct. 19, 1932

I last saw h... alive on Oct. 19, 1932 death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	Oct 7, 1932
Other contributory causes of importance:	
Mond	

Name of operation none Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased No If so, specify .....

(Signed) A. Peter Alexander M. D.

(Address) Lyndenham Hospital

-30—M. & T.—100 B—50L

E 83788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-57-003

E 83788

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 S Wolfe ST. 2-4 WARD)

2-FULL NAME Geraldine Layton

(a) RESIDENCE NO. 307 S Wolfe ST. .... WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): —

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 11 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John W Layton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Margaret Ostendorf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John W. Layton (Father)

(Address) 307 S. Wolfe St.

15 Filed OCT 20 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Congenital Cardiac Malformation

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) 7 mos Premature Labor

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Hist & Clin

(Signed) J. J. Sitterding M.D., M. D. Coroner

Oct 21, 1932 (Address) 1205 St Paul Street

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: Oct. 20 1932

UNDERTAKER: Tilly & Zeiler Inc.

ADDRESS: 403 S. Wolfe St.

D. H. 1268-9

E 83789

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83789

CERTIFICATE OF DEATH

V 43003

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) Baltimore City Hospitals (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 46 yrs. ? mos. ? ds. How long in U. S. If of foreign birth 46 yrs. ? mos. ? ds.

2. FULL NAME John Conroy

(a) Residence: No. 414 Elwood Ave. Ward. 2206 E North ave.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Mar 18, 1870

AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	62	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Ireland (State or country)

13. NAME Thos. Conroy

14. BIRTHPLACE (city or town) Irelandfd (State or country)

15. MAIDEN NAME Mary Sweeney

16. BIRTHPLACE (city or town) Irelandfd (State or country)

17. INFORMANT deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Patrick's Cem. Date Oct. 21, 1932

19. UNDERTAKER Lilly Zeiler Inc.

(Address) 403 S Mo Ave Hunting for Williams, Ass't

OCT 20 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1931 to Oct 18, 1932

I last saw h alive on Oct. 18, 1932 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	?
Diarrhea—cause unknown	4 mos.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harry F Dowling, M. D.

(Address) Balto. City Hosps.

ec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 83790

83790

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1611 Orleans St (St.) 6-4 (WARD)

2-FULL NAME Clarence Judson

(a) RESIDENCE NO. 1611 Orleans St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Col.	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Jan. 8, 1909

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	6	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md

10 NAME OF FATHER Clarence Judson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Amanda Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md

14 Informant Amanda Jackson

(Address) 1611 Orleans St

20 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 18 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Oct 18, 1932

that I last saw him alive on Oct 18, 1932

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos. 18 ds.

CONTRIBUTORY (Secondary) Cardiac

(duration) yrs. mos. 30 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Signs & Symptoms

(Signed) E. Williams, M. D.

(Address) 24 Granville

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL (CREMATION OR REMOVAL) Laurel Cemetery — DATE OF BURIAL Oct 22 1932

20 UNDERTAKER Theodore G. White — ADDRESS 113 Ralph St

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83791 E 83791

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 E Clement St., 34th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Martin

(a) Residence: No. 1431 E Clement St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theresa Schneidry

7. DATE OF BIRTH (month, day, year) Jan 25 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year) 30

11. Total time (years) spent in this occupation 0 yrs

12. BIRTHPLACE (city or town) (State or country) Hungary

13. NAME John Mardirt

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Mardirosian Juliet

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs Theresa Martin

(Address) 1431 E Clement St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Oct 24, 32

19. UNDERTAKER Chas L Stevens & Son

(Address) 1501 Pennsylvania Ave

FILED OCT 20 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6.22.31, 19... to 10.19.32. 19...

I last saw him alive on 10.18.32 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	about 1½ years

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Philip B. Towles M. D.

(Address) 1432 William St.

-30—M. & T.—100 B—50L

E 83792

HEALTH DEPARTMENT—CITY OF BALTIMORE

23E 83792

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 Clayton Court. ST. 24-34 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John N. Winkelman.

(a) RESIDENCE NO 107 Clayton Court. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ---- mos. --- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Winkelman.

6 DATE OF BIRTH (month, day, and year) September 19, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Huckster.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Alfred Winkelman. (son)

(Address) 1229 Durst Alley.

15 Filed ..... 193 ..... Registrar

1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 19, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Hemorrhage.
Pulmonary Tuberculosis.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Heinhardt, M. D. Coroner

10/20/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Oct. 21, 1932

20 UNDERTAKER John A. Denny

ADDRESS 715 Light St.

D. B. 1268-9

83793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83793

Registered No. 183

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Wolfe St. Ward) 2-4

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Unknown			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Potter's Field Date Oct 20 1932

19. UNDERTAKER
(Address)
Huntington Williams, Inc.
Registrar.

20. FILED 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowned accidental	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Outside Pier
Manner of injury Drowned
Nature of injury Not ascertained

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner M. D.
(Address) ...

30—M. & T.—100 B—50L

83794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 83794 (43)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Found Dead at

CITY OF BALTIMORE: (No. 157 East St. 5-8 WARD)

2-FULL NAME George Lowmack

(a) RESIDENCE No. 157 East St., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): unknown

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35 !			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Push Cart
(b) General nature of industry, business, or establishment in which employed (or employer): Peddler of Rags
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant .....

(Address) .....

15 1932 May 2 1932

Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Autopsy & Case

(Signed) James M Fenton, M. D. Coroner

10 14 1932 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Public Cemetery — DATE OF BURIAL: Oct 20 1932

20 UNDERTAKER — ADDRESS

D. B. 1268-9

83795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 83795

1. PLACE OF DEATH Balto City Hospitals 17-24 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsie Bevans

(a) Residence: No. 615 W. Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Arby Cuff

DATE OF BIRTH (month, day, year) 11-6-1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Snow Hill Md

13. NAME Wm Bevans

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md

15. MAIDEN NAME Amy Collins

16. BIRTHPLACE (city or town) (State or country) Snow Hill Md

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Universal f/m Date Oct 20 19 32

UNDERTAKER [illegible]
(Address)

FILED Oct 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-16 1932 to 10-16 1932

I last saw h[illegible] alive on 10-16 1932 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis and Cold abscess	?
Other contributory causes of importance:	
Pneumonia	10-10-32

Name of operation no Date of —

What test confirmed diagnosis? CF Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) [illegible] M. D.

(Address) Balto City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

3796

CERTIFICATE OF DEATH

E 83796

Registered No. 23

1. PLACE OF DEATH Baltimore city Hospitals

CITY OF BALTIMORE: (No. Balto Md St., 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hampton Phillips

(a) Residence: No. 9 S Bethel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary ?

DATE OF BIRTH (month, day, year) ? 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooks Ad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

13. NAME Hampton

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME Patsy ?

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 20, 1932

19. UNDERTAKER [illegible]
(Address)

1932 OCT 20 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-5, 1932 to 10-17, 1932

I last saw h alive on 10-17, 1932 Death is said to have occurred on the date stated above, at 4:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis of the lungs	9-26-32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10-17-32 (Signed) Elmer Hirshberg M. D.

(Address) Balto City Hospitals

D. B. 1268-9

83797 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83797

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 416 Ogston St. 17-26 (Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

. FULL NAME George Purnell

(a) Residence: No. 416 Ogston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Date , 19

UNDERTAKER
(Address)

Filed , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Feller, M. D.
Coroner

(Address) 233 S Eastern Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83798

CERTIFICATE OF DEATH

✓ 34E 83798

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 22-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (?) yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Roach

(a) Residence: No. 517 Greene St., ... Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer gdo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 20, 1932

19. UNDERTAKER [illegible] Health.

(Address) 1089 Huntington Ave, Nor

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-7, 1932, to 10-14, 1932.

I last saw him alive on 10-14, 1932 Death is said to have occurred on the date stated above, at 6 45 Am.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 10-13

Other contributory causes of importance:

Syphiletic heart disease — years ago

Anemia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. J. Gluck, M. D.

(Address) Univ. Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83799

CERTIFICATE OF DEATH

179 E 83799

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Bolton St. 14-30 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Hubbard

(a) Residence: No. 1522 Bolton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed~~, or ~~divorced~~
HUSBAND of (or ~~WIFE of~~) Carmelite Edelen Hubbard

DATE OF BIRTH (month, day, year) Oct 8th 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greensboro Md

13. NAME Francis B. Hubbard

14. BIRTHPLACE (city or town) (State or country) Greensboro Md

15. MAIDEN NAME Katherine Mitchell

16. BIRTHPLACE (city or town) (State or country) Greensboro Md

17. INFORMANT Mrs John E. Hubbard
(Address) 1522 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 22 1932

19. UNDERTAKER Henry H. Jenkins & Son
(Address) Edmondson & McCollum

20. 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw her alive on ... 19 ... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Accident
Took overdose Veronal to relieve Neuritis.

Date of onset

Other contributory causes of importance:

Name of operation Regular Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) F. L. Kirk M. D.
Coroner

(Address) Coroner

aCo. 5 31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83800

83800

CERTIFICATE OF DEATH

121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No.) 1671 Lamont St., 23-32 Ward)

ngth of residence in city or town where death occurred ..yrs....mos....ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Harriet Barnes

(a) Residence: No. 1671 Lamont St., 73 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edw A Barnes

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About 60	2			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Ann Crawford

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Edw A Barnes
(Address) 1671 Lamont St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10/21/1932

19. UNDERTAKER Edw A Engleman
(Address) 2 E Lanvale St

20. 1932 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932 to Oct 18, 1932
I last saw her alive on Oct. 18, 1932 death is said to have occurred on the date stated above, at 8:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Indefinite	
Other contributory causes of importance:	
Acute Dilatation of Heart	10/16/32

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.
(Signed) H. C. L. Campbell, M. D.
(Address) 1644 Harlem Ave

aCo. 5-11 2508

83801 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83801

54

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore General Hospital

ITY OF BALTIMORE: (No. ..... St., 15 Ward)

ength of residence in city or town where death occurred 60 yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Catherine DeVilbiss

(a) Residence: No. 2007 McKean Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thad DeVilbiss

DATE OF BIRTH (month, day, year) April 5-1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Westminster, Md

13. NAME Thaddeus DeVilbiss

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

15. MARRIED Baltimore, Maryland

16. BIRTHPLACE (city or town) (State or country) Worcester, Maryland

17. INFORMANT Mr. Tyler, Son

(Address) 2007 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 10/22/1932

19. UNDERTAKER F. M. Bateman & Son

(Address) Fallston, Md.

20. FILED Oct 22 1932 Huntington Williams, M.D. Registrar.
R. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19/1932

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1932 to October 19, 1932

I last saw h... alive on October 19, 1932 death is said to have occurred on the date stated above, at 3:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral - Thrombosis	?
(2) Diabetes Mellitus	?
(3) Uremia	

Other contributory causes of importance:

(1) Hypertensive Cardio-Vascular Disease	?
(2) Generalized Arteriosclerosis	?
(3) Abscess of Arm or Back	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

ACo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83302

CERTIFICATE OF DEATH

93-003

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 Arlington Ave St., ... Ward)

Length of residence in city or town where death occurred: Life yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry J. Burns

(a) Residence: No. 714 Arlington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Anna E. Burns

7. DATE OF BIRTH (month, day, year) Aug 29 1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry Burns

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Anna E. Burns
(Address) 714 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL Cemetery
Place Holy Redeemer Date Oct. 21 1932

19. UNDERTAKER Leonard J. Royce
(Address) 5305 Harford Rd.

20. FILED Oct 20 1932 H. F. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18-1932

22. I HEREBY CERTIFY, That I attended deceased from September 18 1932 to October 18 1932

I last saw him alive on Oct 18 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	10/8/32
Other contributory causes of importance: Hypertrophy Arteriosclerosis	1927

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... (If so, specify) .....

(Signed) John T. Hammett, M. D.

(Address) 4904 York Rd

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83803

CERTIFICATE OF DEATH

E 83803

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. B & O R.R. north of Oglington Ave (Ward) 20

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H. Osborne

(a) Residence: No. 3133 Ravenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 17/ 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Joseph E. Osborne

14. BIRTHPLACE (city or town) (State or country) Lutherville, Md.

15. MAIDEN NAME Theresa Bayliss

16. BIRTHPLACE (city or town) (State or country) Knoxville, Tenn.

17. INFORMANT Joseph E. Osborne
(Address) 3133 Ravenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 10/22 1932

19. UNDERTAKER L. J. Ruck
(Address) 5305 Sanford Rd

1932 Huntington Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on about 12.30 P.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck and injured spinal cord	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 20 1932

Where did injury occur? B & O R.R.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place R.R. Tracks

Manner of injury Struck by Engine

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E Mad Ave

D. H. 1268-D

83804 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83804

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred ...yrs.....mos. 16 ds. How long in U. S. If of foreign birth?.....yrs. ....mos. ....ds.

2. FULL NAME Mabel Otella Gardner

(a) Residence: No. 214 W. Burke St. Martinsburg, W. Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 31, 1882

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	50	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Sept 15-

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

13. NAME A. H. ALLEN

14. BIRTHPLACE (city or town) (State or country) SCRABBLE WEST VA.

15. MAIDEN NAME MARY COUCHMAN

16. BIRTHPLACE (city or town) (State or country) BERKELY COUNTY. WEST VA.

17. INFORMANT DR. H. S. GARDNER.

(Address) MARTINSBURG W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W Va Date Oct 24 1932

19. UNDERTAKER F. Vernon Eckard

(Address) 1532 Hollins St.

FILED OCT 31 1932 Huntington Williamson W.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1932

22. I HEREBY CERTIFY. That I attended deceased from Oct 4 1932 to Oct 20 1932

I last saw her alive on Oct 20 1932 Death is said to have occurred on the date stated above, at 11 45 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	[redacted]
ACUTE SINUSITIS	SEPT 15

Other contributory causes of importance:

DIABETES	?
MENINGITIS	Oct 17 (?)

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Eckard M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

83805 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 83805

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 Dunbridge Rd Ward) 27 46

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mariam Barber Taggett

(a) Residence: No. 314 Dunbridge Rd St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Thomas J. Taggett

DATE OF BIRTH (month, day, year) June 16 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dec

13. NAME Sylvester Barber

14. BIRTHPLACE (city or town) (State or country) Vt.

15. MAIDEN NAME Mary Bratt

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT George A. Meyer

(Address) 314 Dunbridge Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place New Bedford Mass Date Oct 24, 1932

19. UNDERTAKER Wm Richter & Son

(Address) Madison & Eutaw Aves.

Filed OCT 21 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July, 1932 to Oct 20, 1932

I last saw h.. alive on Oct 19, 1932. Death is said to have occurred on the date stated above, at 3.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Duodenum	about 6 mo

Other contributory causes of importance:

Duodenal Ulcer	

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Trevor Hall M. D.

(Address) 1920 N. Charles

D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

33806 E 33806

CERTIFICATE OF DEATH

82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 Harison St., 4-7 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roze Frank

(a) Residence: No. 244 Harison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

DATE OF BIRTH (month, day, year) 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Rozenberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Minnie Rozenberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Frank
(Address) 244 Harison st

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date Oct 21 1932

19. UNDERTAKER Lo(?) Grinsen & Bro
(Address) 1127 E. Baltimore St

Filed Oct 21 1932 Huntington Fellows, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932 to Oct 20th 1932

I last saw h[illegible] alive on Oct 20 1932 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	

Other contributory causes of importance:

Hemosthenia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harris Flinder M. D.

(Address) 1 W. Baltimore

D. B. 1268-9

E 83807

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83807

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for Aged, 107-201

CITY OF BALTIMORE: (No. Levindale Home St. 2-1 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Grollman

(a) Residence: No. Green Spring + Belvidere Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

DATE OF BIRTH (month, day, year) 1834

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	98	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Henry Grollman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Minell

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Philip Grollman

(Address) 2032 Runton ave

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Oct 21, 1932

UNDERTAKER Sol Levinson & Bro

(Address) 1 E Saratoga St

FILED Oct 21 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1932 to 10-21, 1932

I last saw h[illegible] alive on 10-21, 1932 Death is said to have occurred on the date stated above, at 1:05 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset

Arterio-Sclerosis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edmund Levin, M. D.

(Address) Rosedale

. D. B. 1268-9

E 83808 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 59 E 83808

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1512 Gilmor St. 11-24 Ward)

Length of residence in city or town where death occurred [redacted] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett Smith

(a) Residence: No. 1322 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Robert Dungee

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lucy Lane

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Maudie Kennard 1322 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL Mountain Va Date Oct 21, 1932

19. UNDERTAKER (Address) Samuel Stevenson 1238 Eutaw Pl.

FILED OCT 21 1932, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1932 to 10-20, 1932

I last saw her alive on 10-20, 1932 Death is said to have occurred on the date stated above, at 3:30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	1 yr
Metastasis	9 mo
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Breast Removed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1512 Gilmor

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83809

CERTIFICATE OF DEATH

108 E 83809

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4411 Frankford ave St. 26-41 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... d. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dorothy A. Staylor

(a) Residence: No. 4411 Frankford Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 2, 1915

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10¢
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME OF FATHER Jerome D. Staylor
14. BIRTHPLACE (city or town) (State or country) Balto Md.
15. MAIDEN NAME OF MOTHER Marie Rogers
16. BIRTHPLACE (city or town) (State or country) Balto Md.
17. INFORMANT Mrs Marie Staylor
(Address) 4411 Frankford Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Oct 24 1932
19. UNDERTAKER Margaret A. Glynn
(Address) 1420 Light St
Thursday for Indiana Ave
20. DATE RECEIVED 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 10/32 , 19 , to Oct 20/32 , 19

I last saw her alive on Oct 20/32 , 19 Death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 19/32

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jerry B. Holland , M. D.

(Address) 1 W. Eight St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83310

CERTIFICATE OF DEATH

29 E 83310

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 337 W. Mosher St. 16-23 (Ward)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... How long in U. S. If of foreign birth? ... yrs., ... mos. ... ds.

2. FULL NAME Saml. G. Noble

(a) Residence: No. 337 W Mosher St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced, RUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Mar 10 1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Warfield, Va

13. NAME A. B. Noble

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Adelaw Davis

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Gilliard Noble

(Address) 337 Mosher St

BURIAL, CREMATION, OR REMOVAL

Place Warfield Va Date Oct 22nd 1932

UNDERTAKER Samuel H. Creighton

(Address) 638 N. Gilmor St

FILED OCT 24 1932 Emerson Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonalis	
1½ year	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

D. B. 1268-9

83811 **HEALTH DEPARTMENT—CITY OF BALTIMORE** M ✓ E 83811

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital St., 16-67 (Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles David Fairbaugh

(a) Residence: No. 784 Linard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Fairbaugh

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Rockbridge, Buffalo, Va

13. NAME David C Fairbaugh

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Ida Hutton

16. BIRTHPLACE (city or town) (State or country) Lexington, Va.

INFORMANT Blanche E. Schmidt

(Address) 3420 Ivanhoe Ave

BURIAL, CREMATION, OR REMOVAL

Place, Staunton Va Date Oct 24, 1932

UNDERTAKER Robert F Gurley

(Address) Staunton Va

FILED Oct 24, 1932, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 ... to ... 19 ...

I last saw h... alive on inquiry, 19 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of skull	10/19/32

Other contributory causes of importance:

Automobile Accident	10/19/32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury 10-19-32

Where did injury occur? Fairmont & Orpington Rds (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident.

Manner of injury Auto. he was driving

Nature of injury Struck a Tree

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. F. Ferguson, M. D. Coroner

(Address) 220 E Windsor Ave

M. D. B. 1268-9

Dr Benesuno 669 Washington Blvd

E 83812 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83812

186-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 Foster Ave St. 1-13 Ward)

Length of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph McShane

(a) Residence: No. 2314 Foster Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Eva M McShane

6. DATE OF BIRTH (month, day, year): June 25, 1871

7. AGE: Years 61 | Months 3 | Days 24 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 40 Yrs

12. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

13. NAME: Joseph McShane

14. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Eva M McShane

(Address) 2314 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: St Stanislaus Date: 10/22, 1932

19. UNDERTAKER: H. A. Cohn

(Address) 1217 E Fort Ave

20. FILED: Huntington Williams, Registrar

OCT 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1932 to Oct. 18, 1932

Last saw him alive on Oct 18, 1932 Death is said to have occurred on the date stated above, at 4:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Empyema - right	
Other contributory causes of importance: Amyloidosis	Oct 1932

Name of operation: Thoracotomy Date of: 1-

What test confirmed diagnosis? Oper. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Joseph B Benesuno M. D.

(Address) 669 Washington Blvd

D. 83813 E 83813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1311 W. Parush St., 15-22 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Howe

(a) Residence: No. 1311 W Parush St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm Howe

DATE OF BIRTH (month, day, year): Sept 3-1885

AGE: Years 47 | Months 1 | Days 4 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): West Rim Md

13. NAME OF FATHER: Jos Sisco

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Elizabeth Simms

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Wm Howe

(Address): 1311 W. Parrish

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10-21 1932

18. UNDERTAKER: Daniel Easter

(Address): 246 E. Pre. Huntington Williams, Md

Filed OCT 21 1932 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 20 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Duration of Disease

Acute Myocarditis — Sudden

Other contributory causes of importance:

Name of operation: Regular — Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) ..... Coroner

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83814

CERTIFICATE OF DEATH

51 B 83814

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 S. Clinton St. 2-6-Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. — mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Henry Myers

(a) Residence: No. 310 S. Clinton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah J Myers

7. DATE OF BIRTH (month, day, year) Oct 15 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	—	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pipe Fitter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Coventar Balto. Co. Md

13. NAME Henry R Myers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Wells

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Wm James H. Myers (Son) Essex Md

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 22 1932

19. UNDERTAKER (Address) John F Penny 762 Light St.

20. FILED Oct 21 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1932 to Oct 19 1932

I last saw him alive on Oct 19 1932 Death is said to have occurred on the date stated above, at 9 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	1932
Myocarditis	1932
Bronchopneumonia	1932

Other **contributory causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Thad L Buchanan M. D.

(Address) 3507 Hutton

. D. B. 1268-0

E 83815

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83815

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Beaumont Ave St. 27-48 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura B. Stewart

(a) Residence: No. 816 Beaumont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of U. S. Stewart

DATE OF BIRTH (month, day, year) Feb 22/1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Thomas George

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. J. Calvin Wolfe (Daughter)
(Address) 816 Beaumont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 21, 1932

19. UNDERTAKER John H. Young
(Address) 745 Light St.

20. FILED Oct 21 1932 Huntington Ind. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h alive on ..., 19 ... Death is said to have occurred on the date stated above, at 5.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-	2 days
Pulmonary Odema	1 "
Cardiac Decompensation	2 "
Other contributory causes of importance: Fracture left forearm	2 "

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 16/32

Where did injury occur? In home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell down 2nd story stairs

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Cullen M. D.
Coroner

(Address) 508 E. Fort Ave

D. B. 1268-9

3816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83816

Registered No. 46

1. PLACE OF DEATH St Agnes' Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Avenues St. 25-37 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth M. Casthy
(a) Residence: No. 644 9th St. N.E. Wash. D.C. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John McCasthy

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs John McCasthy
(Address) 644 9th St. N.E. Wash D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date Oct. 21 . 1932

19. UNDERTAKER G. T. Britt
(Address) 317 C[illegible] Ave S.E. Wash. D.C.

20. FILED, [illegible] . 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-11 . 1932 to 10-21 . 1932
I last saw her alive on 10-21 . 1932. Death is said to have occurred on the date stated above, at 7.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	10/21/32
Chronic myocarditis	Duration
Other contributory causes of importance:	
Malignancy abdomen	2 months

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Govalos . M. D.
(Address) St Agnes Hospital

Co. 5-31 250B

317 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83817

X V 107-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Woman's Hosp. Baltimore Md Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 14-30 St. 14 Ward 1)

Length of residence in city or town where death occurred 0 yrs. ... mos. 3 ds. How long in U.S. If of foreign birth? 18 yrs 9 mos 26 ds.

2. FULL NAME Mrs Evelyn Bennett

(a) Residence: No. Jamison Md St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of C W Bennett

DATE OF BIRTH (month, day, year) Dec 25, 1913

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 4 mos

12. BIRTHPLACE (city or town) Richmond (State or country) Va

13. NAME Fronsand Kelley

14. BIRTHPLACE (city or town) Hanover Co (State or country) Virginia

15. MAIDEN NAME Ada Bennett

16. BIRTHPLACE (city or town) Caroline Co (State or country) Virginia

17. INFORMANT Mrs Edna Kelley Waldo

(Address) Richmond, Va

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date 10/21 1932

19. UNDERTAKER Wm Cook

(Address) 1129 St Paul St

(Signed) Hunter Williams

Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1932 to Oct 21, 1932.

I last saw h... alive on Oct 2, 1932 death is said to have occurred on the date stated above, at 9.25 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (bronchial)	Oct 13 1932
C circulatory collapse	
Other contributory causes of importance: Peritonsillar abscess	Oct 8 1932

Name of operation O Date of ...

What test confirmed diagnosis? O Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Allen Deckert M. D.

(Address) Women's Hospital

M. D. B. 1268-9

E 83818

83818 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-001

CERTIFICATE OF DEATH

27-51

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3025 Rosalind Ave. St. ..... Ward.....

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret A. Hooper

(a) Residence: No. 3025 Rosalind Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael H. Hooper

6. DATE OF BIRTH (month, day, year) April 20th, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-9

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Patrick E. Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Brennan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Harry Hooper
(Address) 3025 Rosalind Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct. 22nd 32

19. UNDERTAKER Chas. H. Faust & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED OCT 22 1932 Huntington Hillman, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19th. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1932 to Oct 18th 1932

I last saw h.. alive on Oct 18th 1932 Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 17th

Other contributory causes of importance:

Age
Arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thomas H. Higgins M. D.

(Address) 1st East Road Govan 268 L

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83819

CERTIFICATE OF DEATH

1932 E 83819

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 N. Belnord Ave St. 6-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George William Starkey

(a) Residence: No. 410 N. Belnord Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 21/1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Martin Air Port

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William P. Starkey

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Lena Scheuel

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT William P Starkey (Father)
(Address) 410 N. Belnord

18. BURIAL, CREMATION, OR REMOVAL
Place Oakdown Date Oct. 22 1932

19. UNDERTAKER John A. Myers
(Address) 3010 E. Baltimore St.
Huntington Hollow, Md.

20. FILED 10-21-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at bet 2 & 5 A. M. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by hanging from door frame with belt strap. Probably accidental while doing athletic exercise.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? in home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John H. Eaton, M. D.
Coroner

(Address) 705 E. Fayette St.

AACo. 5-11 250B

83820 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83820

CERTIFICATE OF DEATH

V89-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4228 Berger ave St., 43 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice M. Mc Call

(a) Residence: No. 4228 Berger ave St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fimal	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William P. McCall

7. DATE OF BIRTH (month, day, year) Sept 2, 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

13. NAME Jacob. Wilson

14. BIRTHPLACE (city or town) (State or country) Vermont.

15. MAIDEN NAME Isabelle Vaughn

16. BIRTHPLACE (city or town) (State or country) Vermont.

17. INFORMANT William P. Mc Call

(Address) 4228 Berger ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Oct 22, 1932

19. UNDERTAKER John F. Moran

(Address) 3000 E. Balto St

Huntington Williams Mgr

20. FILED (Local) OCT 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18th, 1932, to Oct 20, 1932

I last saw her alive on Oct 20th 1932 death is said to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Pulmonary Edema	Oct 18

Other contributory causes of importance:

Otitis media
Obesity

Name of operation none Date of

What test confirmed diagnosis? physical diagnosis Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? O Date of injury O, 19...

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) Nathaniel M Bisk M. D.

(Address) 1004 E. Fayette St Balto Md

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

83821 E 83821

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Hiner

(a) Residence: No. — St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 19, 1932

AGE	Years	Months	Days	If LESS than 1 day, 11 hrs. or 50 min.
	—	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Howard Eugene Brown

14. BIRTHPLACE (city or town) Concord
(State or country) N. C.

15. MAIDEN NAME Eliza Katie Hiner

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Eliza Katie Hiner
(Address) 1928 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19....

19. UNDERTAKER RETURNED BY
(Address) University Hospital

Oct 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932, to Oct 19, 1932
I last saw her alive on Oct 19, 1932 death is said to have occurred on the date stated above, at 1:33 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
Placenta praevia	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) [illegible], M. D.
(Address) [illegible]

D. B. 1268-9

83822

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83822

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital. St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY HAWKINS

(a) Residence: No. 1812. Mc-Culloch St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	BLACK	

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day 25 hrs. or ..... min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

13. NAME JOHN JOHNSON

14. BIRTHPLACE (city or town) 1917 W. FRANKLIN ST.
(State or country) Baltimore, Md

15. MAIDEN NAME MARY HAWKINS

16. BIRTHPLACE (city or town) 1812 Mc-Culloch St.
(State or country) Baltimore City Born in VIRGINIA

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date Oct 21 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 2105 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 14 Oct. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1932 to Oct 14 1932

I last saw him alive on Oct 14 1932 Death is said to have occurred on the date stated above, at 10-15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	10/13/32
Other contributory causes of importance: Birth Injury	10/13

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Paul H. Jack, M. D.

(Address) Johns Hopkins Hospital.

D. E. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5961 83823 — 83823 — 159V — L 83823

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-15 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Scott

(a) Residence: No. 1008 McDonough St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/16/32

AGE	Years	Months	Days	If LESS than 1 day ..2.. hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry Scott

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Martha Frazer

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

17. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Oct 19 at 1932

18. UNDERTAKER Bank
(Address) Baltimore Md

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1932, to October 17, 1932

I last saw him alive on October 17, 1932 Death is said to have occurred on the date stated above, at ..... p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) F. Buchard M. D.

(Address) Johns Hopkins Hosp.

83824 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83824

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No 40th E St + Keswick Rd of) 13-52 WARD

REGISTERED NO. 57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Susie, Brown

(a) RESIDENCE NO. Home for Incurables ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 80 yrs. 10 mos 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Brown

6 DATE OF BIRTH (month, day, and year) Dec. 14 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None.

9 BIRTHPLACE (city or town) (State or country) Baltimore, md

10 NAME OF FATHER Barney White

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Rose Ann Woodland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dorchester Co - md

14 Informant (Address) Hospital Records.

15 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 - 1932.

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1927, to Oct 20, 1932

that I last saw her alive on Oct 20, 1932

and that death occurred, on the date stated above, at 1:45 AM

The CAUSE OF DEATH* was as follows:

Chronic Infectious Arthritis

(duration) 12 yrs. — mos. — ds.

CONTRIBUTORY (secondary) Sub. acute ulcerating Colitis (buttons)

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) W W B Mayo — M. D.

Oct 21, 1932 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park DATE OF BURIAL 1932

UNDERTAKER J. Turner & Son ADDRESS North Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

83825

CERTIFICATE OF DEATH

E 83825

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH On Old Bay Line Steamer "State of Maryland" 22-6 Ward)

City of Baltimore: (No.

2-FULL NAME Miss Alice L. Saunders

(a) RESIDENCE NO. 4204 Colonial Ave, Norfolk Va. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 8, 1888

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	44	6	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Public School Teacher-Manual High School
(b) General nature of industry, business, or establishment in which employed (or employer) Charlotte Co.
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Virginia

PARENTS

10 NAME OF FATHER S. F. Saunders

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Virginia

12 MAIDEN NAME OF MOTHER Martha Walker Hazelwood

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Virginia

14 Informant Miss Lucy S. Saunders
(Address) 4204 Colonial Ave.

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 21 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Tumor of Brain - Pathology unknown unknown

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy H. Gromwell M. D.

10/24. 1932 (Address) 203 Patapsco Av. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chas City, Va

DATE OF BURIAL Oct 27 1932

20 UNDERTAKER L. J. Tucker & Sons

ADDRESS 1 Pa Ave

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83826

CERTIFICATE OF DEATH

E 83826

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hosp. St., 12-19 Ward)

2-FULL NAME L, Edward Barshinger.

(a) RESIDENCE NO. 506 San Sebastian Rd. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~6~~ yrs. ~~5~~ mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Barshinger.

6 DATE OF BIRTH (month, day, and year) Nov 13, 1877

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
54	11	10	8

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Md.
(State or country)

PARENTS

10 NAME OF FATHER Albert Barshinger

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pa.

12 MAIDEN NAME OF MOTHER Katie Swartz.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pa.

14 Informant Mrs. Helen Lehman.
(Address) 506 San Sebastian Rd.

15 Filed 1932 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest, autopsy or inquiry thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Ribs
Punctured lung
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Automobile accident
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? York Rd & Mt. Cake Rd

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy 10/21/32

(Signed) Joseph J. Conroy, M. D.

19 (Address) 220 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Freedom Pa.

DATE OF BURIAL Oct 23 1932

20 UNDERTAKER Paul A. Hartenstein

ADDRESS Md Line

M. D. B. 1268-9

83827

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83827

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5319 Gwynn Oak Ave. St. 25-64 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Emma P. Alexander

(a) Residence: No. 5319 Gwynn Oak Ave. St., ...Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Natham E. Alexander

7. DATE OF BIRTH (month, day, year) Apr. 8, 1853.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wm. E. Watkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Ellen Pool

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Emma Orr

(Address) 5203 Bosworth Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Oct. 22, 1932

19. UNDERTAKER M. A. Black

(Address) 1132 Baltimore, Md.

1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Uremia	10 days
	4 hrs

Other contributory causes of importance:

Malignant Tumor	
Pneumonia	1921

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

Spec.—1-12-23—M&T—500 Bks.

(Brockman)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83828

83828

CERTIFICATE OF DEATH.

REGISTERED NO. 99

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2731 Almeda Blvd (WARD) 9-46

2-FULL NAME Lucien Laurent Brockman

(a) RESIDENCE NO. 2731 Almeda Blvd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced: HUSBAND of Wm H Brockman

(or) WIFE of

DATE OF BIRTH (month, day, and year): Sept 16th 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	57	1	4	

OCCUPATION OF DECEDENT

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or Town) (State or country): Baltimore Md.

10 NAME OF FATHER: Leon St Laurent

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Estelle Mendel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mrs Eloise Brockman

(Address) 2731 Almeda Blvd

Filed Oct 21 1932 Register

Eugene Douglass M.D. Oct 21 1932.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/20/1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 19th a.m. 1932, to Oct 20th P.M. 1932, that I last saw h[illegible] alive on Oct 20th 1932, and that death occurred, on the date stated above, at 845 P. m.

The CAUSE OF DEATH* was as follows:

Coronary occlusion

(duration) yrs. mos 1/2 ds.

CONTRIBUTORY (Secondary): arteriosclerosis

(duration) 3 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? clinical tests

(Signed) Eugene Douglass, M. D.

Oct 21 1932 (Address) 3043 St Paul st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

UNDERTAKER: H. M. Poulson

DATE OF BURIAL: 10/23/1932

ADDRESS: [illegible]

Bergew ✓

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83829

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — 107-001 — Registered No.
CITY OF BALTIMORE: (No. Baltimore Md St., 97-65 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Berger

(a) Residence: No. 3914 Belvedere Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Caucasian	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna Berger

DATE OF BIRTH (month, day, year) Mar 31, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Race Track Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation 056

12. BIRTHPLACE (city or town) (State or country) New York City
13. NAME OF FATHER Martin Berger
14. BIRTHPLACE (city or town) (State or country) Copper Valley Cal
15. MAIDEN NAME OF MOTHER Carrie Short
16. BIRTHPLACE (city or town) (State or country) Bridgeport Conn
17. INFORMANT (Address) Records Balto City Hospitals
18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date 10/24/1932
19. UNDERTAKER (Address) Wm Cook 1217 St Paul St
FILED OCT 22 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-18-1932 to 10-21-1932
I last saw him alive on 10-21-1932 Death is said to have occurred on the date stated above, at 7:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-15-32

Other contributory causes of importance:
None

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
10-21-32 Elmer Hitchcock M. D.
(Signed)
(Address) Balto City Hospitals

M. D. B. 1208-B

HEALTH DEPARTMENT—CITY OF BALTIMORE 83830

83830

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 W. Franklin St. 20-27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Witts

(a) Residence: No. 2004 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND'S~~
(or) WIFE of Wm R. Witts

6. DATE OF BIRTH (month, day, year) July 4th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME John Summers

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Rachel Jones

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Marshall C. Phillinger
(Address) 2004 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/24/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED (No.) ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1932 to Oct 21, 1932

I last saw her alive on Oct 21, 1932 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 8-1932
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. H. Patton M. D.

10/24/32 (Address) 2757 W. Mont st

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83331

E 83331

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2426 Fremont St., 41-50 Ward)

Length of residence in city or town where death occurred 85 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theodore Clayton Rotan

(a) Residence: No. 2426 Fremont Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Don't Know

DATE OF BIRTH (month, day, year) Sept. 8 - 1847

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Cleaner 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired P.R.R.

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Don't Know.

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. Emma Mallalieu
(Address) 2426 Fremont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 10/24/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED OCT 25 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 . 1932 to Oct 21 . 1932
I last saw him alive on Oct 20 . 1932 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/12/32

Other contributory causes of importance:

Chr. Myocarditis	1917
Arteriosclerosis	1917

Name of operation None Date of —
What test confirmed diagnosis? Typical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Brown M. D.
(Address) 1663 W. North Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83832

E 83832

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Balto City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-61 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Cahill

(a) Residence: No. 2147 Huntington ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary Cahill

7. DATE OF BIRTH (month, day, year) June 15 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Martin Cahill

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Cathrine Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 10/24/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED T 2 1932 Huntington Hill Station, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-23 1932 to 10-20 1932

I last saw him alive on 10-20 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	"
Other contributory causes of importance:	
Lobular Pneumonia	10-14-32

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bowie Gilchrist M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

Charles A. Selters

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83833 ✓

E 83833

CERTIFICATE OF DEATH

161-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital St. 33-75 Ward

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Augustus Selters

(a) Residence: No. 721 Annabelle Ave St., ... Ward. Brooklyn, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
RUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 29, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn, Md.

13. NAME Charles Selters

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Helen Bryant

16. BIRTHPLACE (city or town) (State or country) not known Virginia

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 24, 1932

19. UNDERTAKER Fred A. Greenhaus
(Address) 1-9 E. Preston St. Baltimore, Md.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1932, to Oct 21, 1932

I last saw him alive on Oct 21, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset 10-18-32

Acute Lobar Pneumonia

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Eugene Levin M. D.

(Address) Union Memorial Hospital

83834 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83834

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1013 W Mulberry St. 18-26 Ward)

2. FULL NAME Geo Jackson

(a) RESIDENCE NO. 1013 W Mulberry St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed, or Divorced, (write this word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): July 1 1879

7 AGE: Years 35 | Months 3 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED: ~~Painter~~

(a) Trade, profession or particular kind of work: Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country): Ga.

10 NAME OF FATHER: Geo Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga

12 MAIDEN NAME OF MOTHER: Maria

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga

PARENTS

14 Informant (Address): Harry Jackson 1013 W Mulberry

15 Filed OCT 22 1932 Huntington West Virginia

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 20 32

17 I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932 to Oct 20, 1932

That I last saw h alive on Oct 20, 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) C. Leach M. D.

Oct 21 1932 (Address) 1013 W Mulberry

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL (CREMATION OR REMOVAL): Mt Calvary Cem — DATE OF BURIAL: 10/23 1932

20 UNDERTAKER: Charles G Cooper — ADDRESS: 5141 Eastern Ave

1-30—M & T—100 B—50L

83835

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 83835

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 N. Stricker ST. 14-27 WARD)

2-FULL NAME Rosie Royster

(a) RESIDENCE NO 224 N. Stricker ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married widowed, or divorced
HUSBAND of
(or) WIFE of ——

6 DATE OF BIRTH (month, day, and year) ? ? 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky.

14 Informant Eula Royster

(Address) 224 N. Stricker St.

15 Filed OCT 22 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 19, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) Suddenly yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of ——

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) Guy N. Cromwell, M. D. Coroner

10/21, 19 32 (Address) 723 Fayerweather, Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Douglas Memorial Cemetary — DATE OF BURIAL 10/23/1932

UNDERTAKER Frederick H. Sutton — ADDRESS 921 N. Carey St

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83836

E 83836

CERTIFICATE OF DEATH

REGISTERED NO. 13-E 83836

1—PLACE OF DEATH Maryland Gen Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ST. 15-67 (WARD)

2—FULL NAME— Antonio M Zeppi

(a) RESIDENCE NO.— 1800 Ellamont ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

ngth of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., If foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	Italian	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Zeppi 1874

DATE OF BIRTH (month, day, and year) Dec 8, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work— Fruit dealer

(b) General nature of industry, business, or establishment in which employed (or employer)— Retail fruit store

(c) Name of employer — Self

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Angelo Zeppi

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country)

12 MAIDEN NAME OF MOTHER Linda Simonetti

13 BIRTHPLACE OF MOTHER (city or town) Italy
(State or country)

Informant— Hospital records

(Address)

FILED OCT 22 1932 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21, 1932.

17 I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932, to Oct 21, 1932, that I last saw him alive on 21 October, 1932 and that death occurred, on the date stated above, at 1.35 A m.

The CAUSE OF DEATH* was as follows: —

Peri Nephritic Abscess

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bilateral Empyema (duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Taylor, M. D.

, 19 (Address) Maryland General Hosp

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem.

DATE OF BURIAL 10/24/32 19

20 UNDERTAKER J. Gregory J Roth Inc

ADDRESS 1735 Hanford

M. D. B. 1268-9

3837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 53837

1. PLACE OF DEATH UNIV. HOSP. St., 18-24 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME SIMMIE DI RENZO

(a) Residence: No. 806 W LOMBARD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gelsomina Di Renzo.

6. DATE OF BIRTH (month, day, year) 10/26/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Felice Di Renzo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Angela (Antonini)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Cieri
(Address) 208 - N. Grand St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 10/24/32 19

19. UNDERTAKER Geary & Ruth Inc.
(Address) 1732 Eastern Ave

20. FILED OCT 22 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-10- 1932 to 10-20 1932

I last saw h.M alive on 10-20 1932 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

CARCINOMATOSIS — Date of onset 10-1

Other contributory causes of importance:

LOBAR PNEUMONIA

BLADDER

Name of operation NEPHRECTOMY Date of 10-10

What test confirmed diagnosis? MICR Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Richard Paupt M. D.

(Address) Univ. Hosp

H. D. B. 1268-9

83838

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83838

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 W. Lexington St. 15-6-9 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Emma Burk

(a) Residence: No. 1713 Ashburton Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter D. Burk

DATE OF BIRTH (month, day, year) April 16, 1886

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) White Hall
(State or country) Md.

13. NAME James Meredith

14. BIRTHPLACE (city or town) White Hall
(State or country) Maryland

15. MAIDEN NAME Laura Wilson

16. BIRTHPLACE (city or town) White Hall
(State or country) Maryland

17. INFORMANT Mr. Walter D. Burk
(Address) 1713 Ashburton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place West Liberty, Md. Date Oct. 24 . 19 32

19. UNDERTAKER Wm. H. Cook
(Address) 1603 W. Baltimore St.

20. FILED OCT 22 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw her alive on ... 19 ... Death is said to have occurred on the date stated above, at 10.30A

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) North Ave & Division St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83839

E 83839

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Temple Gardens 8 4/5 5 Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adeline Schloss Middledorf

(a) Residence: No. Temple Gardens Apts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Middledorf

6. DATE OF BIRTH (month, day, year) Dec. 16, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Wm. Schloss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Kahn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mendlinger
(Address) Esplanade Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Ahel Shalom Date Oct 21, 1932

19. UNDERTAKER David Sondheim & Son
(Address) 1702 Eutaw Place

20. FILED OCT 22 1932 19 Harrington Wilkerson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, to Oct 21, 1932

I last saw her alive on Oct 21, 1932. Death is said to have occurred on the date stated above, at 2.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Other contributory causes of importance:	
Cerebral Hemmhage	2 wks

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Frederick Lutz M. D.

(Address) Temple Gardens Apts.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83840

E 83840

CERTIFICATE OF DEATH.

REGISTERED NO. 801 92 E 83840

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1711 Lorman St. 15-21 (WARD)

2-FULL NAME Isaac Brayton

(a) RESIDENCE No. 1727 Westwood ave ST., WARD ....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha P. Brayton

6 DATE OF BIRTH (month, day, and year) 3-7-1852

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Hod-Carrier

(b) General nature of industry, business, or establishment in which employed (or employer): Builder

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country) Essex Co., Va.

PARENTS

10 NAME OF FATHER Wm. Brayton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Elizabeth Woods

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Ellen B. Young

(Address) 1711 Lorman St.

15 Filed OCT 22 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-19- 1932

17 I HEREBY CERTIFY, That I attended deceased from 10-14- , 1932, to 10-19 , 1932,

that I last saw h[illegible] alive on 10-14 , 1932,

and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George C. Page M. D.

, 19 (Address) 516 N. Monroe St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Oct 23 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

Spec.—1-12-23—M&T—500 Blks.

E 83841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 83841

REGISTERED NO. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1818 N. Mount St. (Ward) 15-21

2-FULL NAME Eliza Downs

(a) RESIDENCE NO. 1818 N. Mount ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Downs

6 DATE OF BIRTH (month, day, and year): 3-10-1875

7 AGE — Years: 57 — Months: 7 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Chas. Chew

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Charles Downs (Address) 1818 N. Mount St.

15 Filed OCT 22 1932 Registrar: Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-19- 1932

17 I HEREBY CERTIFY, That I attended deceased from 11-9- , 1931 to 10-19- , 1932, that I last saw h[illegible] alive on 10-19- , 1932, and that death occurred, on the date stated above, at 11:55 p. m.

The CAUSE OF DEATH* was as follows: Cardio-Renal Vascular Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis?

(Signed) George E. Beyer M. D.

, 19 (Address) 516 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Oct 22 '32

20 UNDERTAKER: Thomas E. Kalam

ADDRESS: 1303 Pennsylvania Ave

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83842 ✓ E 83842

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1712 Division St. 14-20 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wallie Henry Woods

(a) Residence: No. 1712 Division St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 2 - 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry Woods

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Gibson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mason Gibson

(Address) 1712 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 22, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED Oct 24 1932, 19... Huntington Millspaugh, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14th 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on February 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Sinus Bradycardia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner, ... M. D.

(Address) ...

M. D. B. 1268-9

E 83843

E 83843 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Dillon St. 26-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Grochowski Jr (GROCHOWSKI)

(a) Residence: No. 3406 Dillon St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) March 7 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Joseph Grochowski

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Lottie Gray

16. BIRTHPLACE (city or town) Balto (State or country)

17. INFORMANT Joseph Grochowski

(Address) 3406 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Oct. 23 1932

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

OCT 22 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1932 to Oct 19, 1932

I last saw him alive on Oct 19, 1932 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	1927
Other contributory causes of importance: Rheumatism acute	10/11/32

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. C. Ofteaen M. D.

(Address) 900 Garrison Blvd

ec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83844

159 VE 83844

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 4527 Pennyton St. 25-77 WARD)

2—FULL NAME Bernice Emma Kokinakes

(a) RESIDENCE NO. 4527 Pennyton St. WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, and year) 10/19/32

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Andrew Kokinakes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lithuania

12 MAIDEN NAME OF MOTHER Julia A Schoska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Julia A Kokinakes Mother

(Address) 4527 Pennyton St

Filed 22 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/22/32

17 I HEREBY CERTIFY, That I attended deceased from 10/19, 1932, to 10/21/32, 1932

that I last saw h alive on 10/21/32 and that death occurred, on the date stated above, at 7.30 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Prematurity Birth Trauma

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) Howard Kahn, M. D.

10/22, 1932 (Address) 3027 Wash Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross a.a.C.

DATE OF BURIAL Oct 22 1932.

20 UNDERTAKER John. Grethiauckas

ADDRESS 423 S Paca St

I. D. B. 1268-9

E 83845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83845

CERTIFICATE OF DEATH

49V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. St., 33 (Ward)

Length of residence in city or town where death occurred 11 yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Elizabeth Kuper

(a) Residence: No. 109 Lakewood (Usual place of abode) St., ... Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 1, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland, Ohio

13. NAME OF FATHER Henry Kuper

14. BIRTHPLACE (city or town) (State or country) Cleveland

15. MAIDEN NAME OF MOTHER Dorothy Keil

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herbert

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 10/24, 1932

19. UNDERTAKER Henry W. Mears & Son

(Address) 205 W. Lafayette St. Huntington, W. Va.

10/22/1932 R. A. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1932 to Oct. 21, 1932

I last saw her alive on Oct 20, 1932 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ovarian Carcinoma	?

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 10/13/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herbert Eckert, M. D.

(Address) Union Memorial Hosp.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83846 E 83846

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 Roundhill Road St. 27-47 Ward) 13 1/2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 2 mos. 14 dys. How long in U. S. if of foreign birth? yrs. mos. dys.

2. FULL NAME Laura T. Payne

(a) Residence: No. 1227 Roundhill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
WIFE of (or) HUSBAND of Harry J. Payne

7. DATE OF BIRTH (month, day, year) Aug. 7 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83	73	2	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House-wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME George W. Tall

14. BIRTHPLACE (city or town) XXXXXXXXXXXX
(State or country) Dorchester Co. Md.

15. MAIDEN NAME Amanda Brown

16. BIRTHPLACE (city or town)
(State or country) Dorchester Co. Md.

17. INFORMANT Harry J. Payne
(Address) 1227 Roundhill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 24 1932

19. UNDERTAKER John F. Denny
(Address) 245 Light St

Oct 1932 Huntingtown, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to Oct 21 1932

I last saw h[illegible] alive on Oct 20, 1932 Death is said to have occurred on the date stated above, at 3.15 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Other contributory causes of importance: Chronic Nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Downing, M. D.

(Address) 1133 Linden Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83847 VE 83847

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 157-004 Registered No.

CITY OF BALTIMORE: (No. ... St., 10-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Gotthold

(a) Residence: No. 4517 Eastern ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 10-14-32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4 5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Frank Gotthold

14. BIRTHPLACE (city or town) (State or country) Carlisle Pa.

15. MAIDEN NAME Bernadette Le Bille

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 32 . 1932

19. UNDERTAKER ... L. D.

(Address) Huntington Williams, Inc

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-14 . 1932 to 10-14 . 1932

I last saw h[illegible] alive on 10-14 . 1932 Death is said to have occurred on the date stated above, at 1 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Megacolon	at Birth

Other contributory causes of importance:

Bronchopneumonia	10-10-32

Name of operation NO Date of ...

What test confirmed diagnosis? Clinical findings Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) [illegible] M. D.

(Address) Balto City Hospitals

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83848 E 83848

CERTIFICATE OF DEATH

Registered No. 107-801

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Good Shepherd Hosp St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Stanley
(a) Residence: No. 1615 W. Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col'd
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mazzie
DATE OF BIRTH (month, day, year): Sept 14-1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040
10. Date deceased last worked at this occupation (month and year): Sept 32
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Kent Co. Md
13. NAME: John Stanley
14. BIRTHPLACE (city or town) (State or country): Kent Co Md
15. MAIDEN NAME: Mazzie
16. BIRTHPLACE (city or town) (State or country): Kent Co Md
17. INFORMANT: Mazzie Stanley
(Address) 1615 W. Lafayette St
18. BURIAL, CREMATION, OR REMOVAL
Place: Asbury Evergreen Date: Oct. 23, 1932
19. UNDERTAKER: Mrs Katie R. Williams
(Address) 322 S Sebastian St.
20. FILED, ... 19... R. A. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 21st 32
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on Oct 21st 32. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi Pneumonia	5 days

Other contributory causes of importance:

Name of operation: Regular Date of: No
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Hunter Coroner, M. D.
(Address) Coroner

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83849 V E 83849

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp St. 1724 Ward
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Queen

(a) Residence: No. 502 La Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Queen
7. DATE OF BIRTH (month, day, and year): Apr 16 1881
AGE: Years 51 Months 6 Days 5 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Va
13. NAME OF FATHER: Lewell Holden
14. BIRTHPLACE (city or town) (State or country): Va
15. MAIDEN NAME OF MOTHER: Mary Downs
16. BIRTHPLACE (city or town) (State or country): Va
17. INFORMANT: Pauline Sprigger
(Address) 750 W Fayette
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Oct 25 1932
19. UNDERTAKER: Mrs. Katie R. Williams
(Address) 3224 Pennsylvania Ave
Interred St. Mt. Hope
31932 1932 P. O. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Oct 24th 1932
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on Oct 21 1932. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Myocardial Failure	Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Kirk Brune Coroner, M. D.
(Address) .....

H. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83850

CERTIFICATE OF DEATH

97-001

E 83850

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1413 Covington St., 24 Ward) 23

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Abendschoen.

(a) Residence: No. 1413 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male. | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married.

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Rose. Abendschoen.

7. DATE OF BIRTH (month, day, year) July 19 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Fredy Abendschoen.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose. Abendschoen

(Address) 1412 Covington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date 10-24-32

19. UNDERTAKER Est E. Hasle

(Address) 1124 Pratt St

Filed OCT 25 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to Oct 21 1932

I last saw him alive on Oct 21 1932 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Chr Valvular Endocarditis.	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John A. Schenuit M. D.

(Address) 1337 S Charles St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83851

CERTIFICATE OF DEATH

E 83851

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3560 Horton Ave. Ward) 25-75
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. 5 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore M. Baum

(a) Residence: No. 3560 Horton Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed or divorced: HUSBAND of (or) WIFE of: Edna M Baum
7. DATE OF BIRTH (month, day, year): April 22 1892
8. AGE: Years: 40 Months: 5 Days: 28 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Continental Oil Co
10. Date deceased last worked at this occupation (month and year): 10-15 1932
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Baltimore Md.
13. NAME: Edward W Baum
14. BIRTHPLACE (city or town) (State or country): Balto Md.
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Balto Md.
17. INFORMANT: Edna M Baum.
(Address) 3560 Horton Ave
18. BURIAL, CREMATION, OR REMOVAL. Place: Loudon Park Date: 10-24 1932
19. UNDERTAKER: Bernard C Harker
(Address) 2016 E Pratt St
Huntington Pettigrew, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 20, 1932
22. I HEREBY CERTIFY, That I attended deceased from 1.21.31, 19.. to Oct. 20.32, 19..
I last saw him alive on Oct. 19.32, 19.. Death is said to have occurred on the date stated above, at 11 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous Nephritis	about 2 years.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ellis B. Fowler M. D.
(Address) 14 W. Mulberry St.

8 1932

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

83852 E 83852

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 191 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15-16 Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 2 yrs. ..... mos. ..... ds.

2. FULL NAME Israel Yuska

(a) Residence: No. 2200 Walbrook Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Yuska

6. DATE OF BIRTH (month, day, year) 11-12-1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isadore

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Freida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Yuska - Son
(Address) 2200 Walbrook ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lauriel Date 10-24, 1932

19. UNDERTAKER Sol Kaufman Inc
(Address) 1437 E. Baltimore St

Huntington Williams, M.D.
Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1932 to October 22, 1932
I last saw him alive on October 22, 1932 death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Acute Cardiac Decompensation	7
(2) Bronchopneumonia & Bronchiectasis.	

Other contributory causes of importance:
(1) Chronic Emphysema
(2) Arteriosclerosis
(3) Chronic nephritis.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

D. B. 1268-9

83853 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 83853

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 804 Fissiel St. 17-24 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Randolph Washington

(a) Residence: No. 804 Fissiel St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel

7. DATE OF BIRTH (month, day, year): Feb 13-1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Stanford Va

13. NAME of Father: Henry Washington

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME of Mother: Edmonia Pitcher

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Ethel Washington

(Address): 804 Fissiel

18. BURIAL, CREMATION, OR REMOVAL: Arlington Md Date Oct 23 1932

19. UNDERTAKER: Samuel D. Heyward

(Address): 1918 Madison

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 to Oct 20 1932

I last saw h alive on Oct 19 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	3 wks
Rheumatism	6 wks

Other contributory causes of importance:

Name of operation Regula Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Tuck Coroner M. D.

(Address)

1932

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83854 E 83854

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 14-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Reddicks

(a) Residence: No. 558 Roberts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Richard Hunt

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mardell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 10/23/1932

19. UNDERTAKER Bro. Lee H. Holland

(Address) 1631 Druid Hill Ave

20. DATE 10/23/1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1932 to Oct 19, 1932

I last saw h[illegible] alive on Oct 19, 1932. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	1925?
SYPHILIS	?
PULMONARY EMBOLI	Oct 19

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) Johns Hopkins Hospital

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83855 — CERTIFICATE OF DEATH. — 117-201 — E 83855

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 Carrollton Ave ST. 16-23 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frazier Wildey

(a) RESIDENCE. NO. 916 Carrollton Ave ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 13 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	7	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

(c) Name of employer Mrs. Bobin

9 BIRTHPLACE (city or town) (State or country) Lancaster Virginia

PARENTS

10 NAME OF FATHER Charles Wildey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lancaster Virginia

12 MAIDEN NAME OF MOTHER Drucilla Wildey Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster Virginia

14 Informant Drucilla Wildey

(Address) 916 Carrollton Ave

10/22/1932 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-19 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug , 1932 , to Oct 19 , 1932 ,

that I last saw her alive on Oct 19 , 1932 ,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Bronchi Pneumonia

(duration) about yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Gastric Ulcer

(duration) yrs. 5 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Wm. A. Harris , M. D.

10/20 1932 (Address) 1200 Penn. Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Store Va.

DATE OF BURIAL 10/25/1932

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83856

CERTIFICATE OF DEATH

23 E 83856

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Ethany St. 14-20 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wesley M. Johnson

(a) Residence: No. 1714 Ethany St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) Feb 9th 1909

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Do
(State or country)

FATHER

13. NAME John F. Johnson
14. BIRTHPLACE (city or town) Do
(State or country)

MOTHER

15. MAIDEN NAME Lida Howard
16. BIRTHPLACE (city or town) Do
(State or country)

17. INFORMANT Lydia Carter
(Address) 1714 Ethany St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary. Date 10/25/1932

19. UNDERTAKER Mrs. Lee F. Collard & Sons
(Address) 1631 Druid Hill Ave

20. FILED Nov 1 1932 Hunting ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/32 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932 to Oct 21 1932. I last saw him alive on Oct 21 1932. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	9/32

Other contributory causes of importance:

Prostate Cancer
Bronchitis
with Tuberculosis

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) H. Lee Hall, M. D.

(Address) 924 Park Ave.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83857

E 83857

CERTIFICATE OF DEATH

93-023

93-39

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Hanover St.) Ward

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah J. Murray

(a) Residence: No. 1119 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. F. Murray

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa

FATHER

13. NAME John Skinner

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Barbara Cropper

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Edw. F. Murray

(Address) 1119 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct. 24 1932

19. UNDERTAKER Morgan & E. J. Lynn

(Address) 424 N. Eutaw St.

Baltimore, Md.

1932 Registered 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1932 to October 21, 1932

I last saw her alive on October 21, 1932 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric Thrombosis producing acute Intestinal Obstruction.	10.21.32

Other contributory causes of importance:

Chronic Myocarditis

Name of operation none Date of

What was confirmed diagnosis? Physical signs & symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west street

M. D. B. 1268-9

83858

E 83858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1544 N. Wolfe St. 8-17 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Gamnitzer

(a) Residence: No. 1544 N. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Jan 24th 1907

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME John Gamnitzer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosa Stacks

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Rosa Gamnitzer
(Address) 1544 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 10/22/1932

19. UNDERTAKER John J. Cowan & Son
(Address) 401 N. Carlton St

20. FILED 10/23/1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20/1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1932. to Oct. 20, 1932.

I last saw her alive on Oct. 20. 1932. Death is said to have occurred on the date stated above, at 8:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	9/19/32
Other contributory causes of importance:	
None	

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) ...

~~83859~~ E 83859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 24453

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary F Slattery

(a) Residence: No. 902 Ramsey St., Ward City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 5-11-78

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 69

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Father M. Slattery

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Timothy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Margaret Slattery

(Address) 902 Ramsey St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/25/1932.

19. UNDERTAKER John F Cowan & Son

(Address) 90[illegible] Eastern Ave.

20. [illegible] 23132 Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1932, to 10-22, 1932

I last saw her alive on 10-22, 1932 death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma of Kidney; left. c metastasis.	

(Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Aloha H. Crowther M. D.

(Address) Bon Secours Hosp.

Spec.—1-10-21 M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

83860

E 83860

CERTIFICATE OF DEATH.

REGISTERED NO. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 Oakfield av ST., 15-64 WARD

2-FULL NAME Pauline Herman

(a) RESIDENCE NO. 330 Oakfield av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon Herman Dec.

6 DATE OF BIRTH (month, day, and year) Dec. 13, 1845

7 AGE: Years 86 | Months 10 | Days 12 | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lunville, France

PARENTS

10 NAME OF FATHER M Alton

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER A. Levy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant (Address) Adam Herman Son 330 Oakfield Av

15 Filed 1932 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1932, to Oct. 23, 1932, that I last saw h[er] alive on Oct 21, 1932, and that death occurred, on the date stated above, at 9 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis
Arteriosclerosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris (duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph Gichner, M. D.

Oct 24 1932 (Address) 320 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Hebrew Friendship Cem. DATE OF BURIAL: Oct 25 1932

20 UNDERTAKER: Harris Sonnenmoser ADDRESS 1902 Eutaw Place

1-30—M & T—100 B—50L

83861

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83861

CERTIFICATE OF DEATH

164-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Hawthorn Road ST. 27-53 WARD)

2-FULL NAME Anna M. Bateman

(a) RESIDENCE NO 509 Hawthorn Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. 8 mos. 13 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adie B. Bateman

6 DATE OF BIRTH (month, day, and year) Feb. 9, 1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	8	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Clinton W. McLanahan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Mary L. Lowenstein

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Edw. H. McLanahan

(Address) 501 Cedarcroft Road

15 Filed 3 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fatty Degeneration of Heart

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Jos. J. Mowery, M. D. Coroner

10/23, 1932 (Address) 3672 Roland Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 10/24 1932

ADDRESS .....

20 UNDERTAKER H. O. Means & Son - 2058 N. Calvert St

M. D. B. 1268-9

83862 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83862

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St. 47-25 Ward) 2-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Chambers

(a) Residence: No. 609 N. Paca st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 20, 1869

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse trainer 186

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME John Chambers

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Matilda ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 11/1/32 1932

19. UNDERTAKER Wm. J. Tughey Sons
(Address) 618 Lafayette Ave.

20. 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1932 to October 20, 1932. I last saw him alive on October 20, 1932. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumothorax, Spontaneous — Date of onset 10-20-32
Pulmonary Tuberculosis — 1929
Fistula in Ano. — 1920

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stone, M. D.

(Address) Baltimore City Hospitals

Spec. 2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

83863

34 ✓

E 83863

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 303 W Biddle ST. 11-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Gelonde E Wiggins

(a) RESIDENCE NO. 303 W Biddle ST.,

(Usual place of abode) WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lidgly Wiggins

DATE OF BIRTH (month, day, and year): Oct 22 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30 ~~32~~			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Washington D. C.

10 NAME OF FATHER: John Hunter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Orange Co Va

12 MAIDEN NAME OF MOTHER: Rachel Harris

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Orange Co. Va

Informant: Lidgly Wiggins

(Address) 303 W Biddle

14 Filed 1932, Huntington Williams N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 22, 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1931, to Oct 22, 1932, that I last saw h[illegible] alive on Oct 22, 1932 and that death occurred, on the date stated above, at 5-15 P m.

The CAUSE OF DEATH* was as follows: Ruptured Aneurysm

(duration) yrs. mos. 15 min ds.

CONTRIBUTORY (Secondary) Aneurysm (duration) yrs 3-7 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no. What test confirmed diagnosis? Clinical & X-Ray

(Signed) Geo. W. McDonald M. D.

, 19 (Address) 700 W Franklin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Washington D. C.

DATE OF BURIAL: 10/25-1932

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1932 E 83864

3864

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 639 W. Lombard St. H-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry S. Haley

(a) Residence: No. 639 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Ella A. Haley

6. DATE OF BIRTH (month, day, year)	Years	Months	Days	If LESS than 1 day, hrs. or min.
Jan 1st 1870				
7. AGE	62	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruits & Candies

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holensville Tenn

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Holensville Tenn

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Holensville Tenn

17. INFORMANT Ella A. Haley

(Address) 639 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 10/24/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED OCT 24 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Oct 22, 1932

I last saw h alive on April 1, 1932 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Exhaustion	Oct 18 32

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. S. Campbell M. D.

(Address) 1644 Hanover St

Z. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83865

CERTIFICATE OF DEATH

210-001

Registered No. E 83865

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Pronounced Dead at Franklin Square Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Burns

(a) Residence: No. 235 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 13th 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Box Mfg

10. Date deceased last worked at this occupation (month and year) 10/32

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Hartford Conn.

13. NAME Allen Burns

14. BIRTHPLACE (city or town) (State or country) Mass.

15. MAIDEN NAME Margaret Hanson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs M. A. Kinsey Husband
(Address) Rehbaum - Arbutus Md.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/26 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 10/26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Inquiry 19 to Inquiry 19
I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	10/22/32

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/22/1932
Where did injury occur? Fayette St. & Gardenia Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Not applicable
Manner of injury Struck by auto while crossing Fayette St at Gardenia Ave
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Josh Tearney M. D.
Coroner
(Address) 1201 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83866

CERTIFICATE OF DEATH

E 83866

82-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. ..... Ward) 32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward W. Ellis

(a) Residence: No. 2351 Annapolis Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Ellis

6. DATE OF BIRTH (month, day, year) Apr. 7, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Meadville Pa.

13. NAME Darlamore Ellis

14. BIRTHPLACE (city or town) (State or country) ? Pa.

15. MAIDEN NAME Mary Wood

16. BIRTHPLACE (city or town) (State or country) ? Pa.

17. INFORMANT deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westfield Date 10/24/1932

19. UNDERTAKER Wm Cook

(Address) 1342 St. Paul St Huntington Williams, N.Y.

FILED OCT 24 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932 to Oct 21, 1932

I last saw h alive on Oct 21, 1932 Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - general	?
Right hemiplegia	1yr ago

Other contributory causes of importance:

Secondary Anemia	?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Barry F. Lowling M. D.

(Address) Balto. City Hosp.

M. D. R. 1268-9

83867 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 83867

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-68 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Braunstein

(a) Residence: No. 16 rr n. Gonalleurd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 15

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER'S MAIDEN

13. NAME Mendel

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Berman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cem. Date 10-24 1932

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED OCT 24 1932 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23 1932

22. I HEREBY CERTIFY, That I attended deceased from October 19 1932 to October 23 1932

I last saw h. Liv alive on October 23 1932. Death is said to have occurred on the date stated above, at 10 15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	

Other contributory causes of importance:

Confluental Cystic Kidneys
Ulceration pharynx

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

No If so, specify ...

(Signed) A. Cohen M. D.

(Address) Sinai Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83868

E 83868

CERTIFICATE OF DEATH

54-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 6-9 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 32 yrs. ... mos. ... ds.

2. FULL NAME Dora Lipman

(a) Residence: No. 1906 E. Balto. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Lipman

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME Conrad Kohlar

14. BIRTHPLACE (city or town) (State or country) Russia

FATHER

15. MAIDEN NAME Berne

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Lipman-Son

(Address) 1906 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herman Rus Date 10-24 ... 19 32

19. UNDERTAKER Chas Lewis Son

(Address) 1943 E. Baltimore

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23 ... 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14. 1932 to Oct 23 ... 1932

I last saw h e r alive on. Oct 23 ... 1932 Death is said to have occurred on the date stated above, at 11:34 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post puerperal Pulmonary Embolism	11 13 32
Other contributory causes of importance:	
Uterine fibroid	1930

Name of operation Hysterectomy Date of 10-17-32

What test confirmed diagnosis? Special ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Cohen ... M. D.

(Address) Sinai Hospital

ec.—2-29-28—L. F. S.—500 Bks.

M Wilbur Thomas

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83869 × 99 E 83869

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Maryland Gen. Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-27 ST., WARD)

2—FULL NAME Mr. M. W. Thomas

(a) RESIDENCE NO. Chestertown, rural ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 12-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	12	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Chestertown, Md

10 NAME OF FATHER Mullen Thomas

11 BIRTHPLACE OF FATHER (city or town) Kent Co. (State or country) Maryland

12 MAIDEN NAME OF MOTHER Louise Chamberlain

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Hospital Records
(Address)

15 OCT 24 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-24-32

17 I HEREBY CERTIFY, That I attended deceased from 10-23, 1932, to 10-24, 1932, that I last saw him alive on 10-24, 1932, and that death occurred, on the date stated above, at 1:47 p.m.

The CAUSE OF DEATH* was as follows:

Coronary occlusion

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. J. Pearce, M. D.

, 19 (Address) Md. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestertown Md

DATE OF BURIAL Oct 26 1932

20 UNDERTAKER N. W. Hynson

ADDRESS Chestertown Md

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

33870 33870

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1950 Mosher St., 16-22 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Sarah Rytter

(a) Residence: No. 1950 Mosher St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas H Rutter

6. DATE OF BIRTH (month, day, year) Feby 7 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	76	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Louis C Weiss

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr Rutter (Address) 1950 Mosher St

18. BURIAL, CREMATION, REMOVAL Date Oct 24 19 32

Place Baltimore

19. UNDERTAKER John C Mitchell & Son (Address) 1411 Eutaw Place

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1932 to Oct 21, 1932

I last saw h... alive on Oct 19, 1932 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Chronic interstitial heart disease	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Ernest R Kahn M. D.

(Address) 3005 W. North Ave

Filed Oct 24 1932 Registrar. Baltimore, Md.

AdCo. 5-11 250B

3871 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83871

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Eutaw St. St. 10-14 Ward)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John P. McMahon

(a) Residence: No. 1116 Eutaw St. St., 10 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. McMahon (nee Horgan)

6. DATE OF BIRTH (month, day, year) Feb. 6, 1866

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	66 yrs.	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Electric

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John P. McMahon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Scott

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary E. McMahon
(Address) 1116 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct. 25, 1932

19. UNDERTAKER Edgar W. Corpe
(Address) 924 E. Edgar St.

20. FILED OCT 24 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1932, to Oct 22, 1932

I last saw him alive on Oct 22, 1932 death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Oct 17
Cardio-vascular-renal disease	3 mos.
arterial Hypertension	3 mos.
Other contributory causes of importance: Hemiplegia - Rt -	1 month.

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis H. Krumm, M. D.
(Address) 722 N. Kenwood Ave

M. D. B. 1268-9

Francesa Yurczak

HEALTH DEPARTMENT—CITY OF BALTIMORE

83872 E 83872

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Franklin Square Hospital — Registered No. ____
CITY OF BALTIMORE: (No. Fayette & Calhoun St. 25-77 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Teresa Yurczak

(a) Residence: No. 1621 Church St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Vincent Yurczak

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
About	44	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Tomas Mykolayesk

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Katherine

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Vincent Yurczak
(Address) 1621 Church St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date Oct 15 1932

19. UNDERTAKER Wm. S. Fialkowski
(Address) 2002 Eastern Ave.

20. FILED ____ 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-18-1932 to 10-16-1932

I last saw h... alive on 10-14-1932. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

None

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

E 83873

83873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Baltimore and St. 76-1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Valentine Venturini

(a) Residence: No. 3210 O'Donnell St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Venturini

6. DATE OF BIRTH (month, day, year) Oct. 12 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany Baltimore Md

MOTHER FATHER

13. NAME ?
14. BIRTHPLACE (city or town) (State or country) ?
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date Oct. 25 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Monument St Baltimore, Md.

FILED OCT 21 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-16-1932 to 10-20-1932
I last saw him alive on 10-20-1932 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into left cerebrum with aphasia	10-13-32
Other contributory causes of importance: Bronchopneumonia arteriosclerosis	10-14-32

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
10-21-32 (Signed) Elmer Hesselbacher Jr. M. D.
(Address) Balto. City Hospitals

AaCo. 5-31 250B

874

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83874

CERTIFICATE OF DEATH

97 N

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 10-14 St. 2nd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sabina Aristbright

(a) Residence: No. 1700 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~1848~~	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joseph Aristbright
14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Catherine Aristbright
16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Sister Stanislaus, Superior
(Address) 1200 Valley St. Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 24, 1932

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

OCT 24 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932, to Oct 23, 1932
I last saw her alive on Oct 23, 1932 death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Arteriosclerosis	

Name of operation None Date of None
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCarthy, M. D.
(Address) 111 E. Hoffman St.

Spec.—8-16-29—L. F. S.—100 Bks.

E 83875 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 83875

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 E. Biddle ST., 10-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Allen Miller

(a) RESIDENCE NO. 1411 E. Biddle ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6 If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Elizabeth Miller

7 DATE OF BIRTH (month, day, and year) Oct 6, 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Steel Worker 086

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country): Calhut, Ind.

10 NAME OF FATHER: Joseph Allen Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country): Calhut, Ind.

12 MAIDEN NAME OF MOTHER: Mary Day

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Shenendoah Valley, Va

14 Informant: Edna Mabel Miller

(Address): 1411 E. Biddle St.

15 DATE RECEIVED: OCT 24 1932 Huntington Pittsburgh

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22, 1932

17 I HEREBY CERTIFY, That I attended deceased from April, 1931, to Oct 22, 1932, that I last saw h.im alive on about August, 1932, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Embolism

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) 1 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Jack J. Singer, M. D.

, 19 (Address) 504 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cem.

DATE OF BURIAL: 10/25/32 19

20 UNDERTAKER: Henry J. Rentz Jr. Sons

ADDRESS: 193 J Hanover St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83876 E 83876

122-001

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 11 yrs. mos. ds.

2. FULL NAME John Piacentino

(a) Residence: No. 125 W. Front St., Ward. (A 2/5)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cristina D'urbani

6. DATE OF BIRTH (month, day, year) May 21, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.
67	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Antonio Piacentino

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Domenica Lucchitta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Nicholas Piacentino

(Address) 1428 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct. 25, 1932

19. UNDERTAKER Geo. E. Boyle & Son

(Address) 1735 Monument St. Balto.

20. FILED OCT 24 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1932 to Oct. 22, 1932

I last saw him alive on Oct. 22, 1932 Death is said to have occurred on the date stated above, at 10:20 A m.

The principal cause of death and related causes of importance were as follows:

[redacted]

Chronic Myocarditis

Chronic Nephritis

Date of onset 10-22-32

Other contributory causes of importance:

R. inguinal strangulated hernia 10-20-32

Name of operation Release of strangulation in R. inguinal hernia Date of 10-21-32

What test confirmed diagnosis? Exam Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) [redacted], M. D.

(Address) [redacted]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83877 E 83877

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 23 Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Milton Powell

(a) Residence: No. 524 Johannsen st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 9, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James Powell

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Leana Hughes

16. BIRTHPLACE (city or town) Virginia ?
(State or country)

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Monday 24th 1932

19. UNDERTAKER Elroy A. Wilson

Address 1000 E. Baltimore St.

20. FILED OCT 24 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 31, 1932 to October 20, 1932

I last saw him alive on October 20, 1932. Death is said to have occurred on the date stated above, at 11.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	8-1-32
Meningitis, tuberculous	10-18-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bennett A. Stacy, M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-2

3878

HEALTH DEPARTMENT—CITY OF BALTIMORE

3878

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 812 N Vincent St., 16-22 Ward)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leon Nelson

(a) Residence: No. 812 N Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): July 7- 1929

8. AGE: Years 3 | Months 3 | Days 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Joseph Nelson

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Nettie West

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Nettie Nelson
(Address) 812 N. Vincent

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn
Place ... Date Oct 24. 1932

19. UNDERTAKER: Wm. H. Chase Son
(Address) 638 N. Gilmor

20. FILED OCT 24 1932. 19 ... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 19 ...

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular	
Duration	10 days

Other contributory causes of importance:

Name of operation: Appendectomy Date of: ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

Signed) ... Coroner, M. D.
(Address)

M. D. B. 1268-9

83879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 83879

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hosp. St. 8-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Sophia Coleman

(a) Residence: No. 2035 E Biddle St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edmond Coleman

6. DATE OF BIRTH (month, day, year) Sept 10-1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Charles F Arnold

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Hen Deeg

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Charles F Arnold
(Address) 2035 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL. Place Balto Cem Date Oct 26 19

19. UNDERTAKER for J Stemmler Sons
(Address) 1537 Gough Ave

Interred Williams Lot

20. FILED OCT 24 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-19-32, 19.., to 10-23-32, 19.....

I last saw her alive on 10-23-32 19.... Death is said to have occurred on the date stated above, at 1:35 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Ruptured Ovarian Cyst — 10-19-32
2 Generalized Peritonitis

Other contributory causes of importance:

Pneumonia — 10-19-32

Name of operation Hysterectomy Date of 10-19-32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard C Cumming M. D.

(Address) The Church Home and Hospital

A&Co. 5-31 250B

83880 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83880

CERTIFICATE OF DEATH

82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2517 E Fayette St., Ward 10)

Length of residence in city or town where death occurred ..yrs..mos..ds How long in U.S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Mary Elizabeth Walper

(a) Residence: No. 2517 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: John Walper

6. DATE OF BIRTH (month, day, year): Oct 18 1850

7. AGE: Years 82 | Months | Days 3 | If LESS than 1 day, ..hrs. or ..min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John D Krause
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Elizabeth
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Margaret E Walper
(Address) 2517 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Carmel Date: Oct 24 1932

19. UNDERTAKER: Wm J Stevenson
(Address) 1536 N Fulton Ave

20. FILED: Oct 24 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 21 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15 1932 to Oct 21 1932

I last saw h.. alive on Oct 21 1932 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia Chronic Arterial Hypertension	7 yrs.
Other contributory causes of importance: Left Hemiplegia Myocardial Insufficiency	10 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. N. Keyser M. D.

(Address) .....

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83881

CERTIFICATE OF DEATH

Registered No. E 83881

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Keller

(a) Residence: No. Route 10 Spartanburg St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME J. E. Keller

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Gladys Hasley

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Martinsburg W. Va. Oct. 26, 1932

19. UNDERTAKER Frederick P. Cole
(Address) 1200 W. Lombard St.

20. FILED OCT 24 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th, 1932 to Oct 23, 1932

I last saw h[illegible] alive on Oct. 23rd, 1932 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchial Pneumonia	10/19
otitis media	10/15

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Bickford, M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83882

CERTIFICATE OF DEATH

E 83882

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 W. Lemon St. 15-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Cooper

(a) Residence: No. 624 W. Lemon St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 3 1899

7. AGE: Years 33; Months 3; Days 27; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: Jas. Owens.

FATHER

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Cooper

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Lydia Turner

(Address) 624 W Lemon

18. BURIAL, CREMATION, OR REMOVAL

Placed Mt Fulton Cemetery Date Oct 27, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1202 Pennsylvania Ave

Signature of Funeral Director: Thomas E. Kelson

20. FILED Oct 27 1932 Edith [illegible] REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 27, 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis — Duration ...

Other contributory causes of importance: Acute Follicular tonsilitis. Lacerated neck.

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) ... Coroner

M. D. B. 1268-9

83883

HEALTH DEPARTMENT—CITY OF BALTIMORE 83883

CERTIFICATE OF DEATH

125-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 Johns Hopkins Hospital St., 7-13 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hilda Stanton

(a) Residence: No. 1023 N. Wolfe St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1 1/2 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME John Stanton

14. BIRTHPLACE (city or town) (State or country) 1024 N. Wolfe St Baltimore Born Virginia

15. MAIDEN NAME Celia Logan

16. BIRTHPLACE (city or town) (State or country) 1014 N. Wolfe St Baltimore Born Virginia

17. INFORMANT John Stanton
(Address) 1023 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Place N.W. Cemetery Date Oct 24, 1932

19. UNDERTAKER Wm. H. B. Saunders
(Address) 1720 E. Madison St

20. FILED OCT 21 1932 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 20 October 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932 to Oct 20, 1932

I last saw her alive on Oct 20, 1932 Death is said to have occurred on the date stated above, at 7-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of liver	10/19/32
Other contributory causes of importance: Toxemia of pregnancy	May 1932

Name of operation — Date of —

What test confirmed diagnosis? Blood chem. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ralph D. Line, M. D.
(Address) Johns Hopkins Hospital

M. D. B. 1265-9

E 83884 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83884

CERTIFICATE OF DEATH

V 73

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 3rd - 5 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. George Sherman (Lillian E. Sherman)

(a) Residence: No. ~~Union Memorial Hosp~~ 708 Bunnecke Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Mr G. R. Sherman.

6. DATE OF BIRTH (month, day, year) Jan 27, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	9.	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 10-18-32

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Myles (d)

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Lewis (d)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. G. R. Sherman.

(Address) 708 Bunnecke Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Hampden Date Oct. 25/ 1932

19. UNDERTAKER J. Walter Davis

(Address) 3418 Chestnut Ave.

27 FILED 1932 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23rd 1932.

22. I HEREBY CERTIFY, That I attended deceased from 10-18-32 1932 to 10-23, 1932

I last saw h[illegible] alive on Oct. 10, 1932 Death is said to have occurred on the date stated above, at 12 56 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Nephritis	
Other contributory causes of importance: Acute Splenitis	?

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Herbert Eichert, M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83885 — CERTIFICATE OF DEATH — V 46 E 83885

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3808 (Street) Frankford Av (Ward) 43

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Ludwig

(a) Residence: No. 3808 Frankford Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 8 74

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Theo. Ludwig

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Deibel

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Harry A. Ludwig
(Address) 3808 Frankford Av

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Oct 25/32

19. UNDERTAKER Philip Henrig & Sons
(Address) 2016 Eutaw St

20. FILED OCT 24 1932 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30 1932 to Oct 22 1932
I last saw him alive on Oct 22nd 1932 Death is said to have occurred on the date stated above, at 2 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cardiac end of stomach and lower end of oesophagus	July 1932

Other contributory causes of importance:

Cachexia	1 week

Name of operation None Date of .....

What test confirmed diagnosis? X-ray & P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Leibel M. D.
(Address) 1224-26 Hanover St

10/24/32

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83886

CERTIFICATE OF DEATH

E 83886

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S. Bouldin St. St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew E. Martini

(a) Residence: No. 232 S. Bouldin St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Margaret Martini

6. DATE OF BIRTH (month, day, year) Aug. 6th 1873.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer. 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Martini

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Anna Zimmerman

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Margaret Martini (Wife)
(Address) 232 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn bcm. Date Oct. 25 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Monroe St. Huntingdon Pennsylvania, Pa.

1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21 1932.

22. I HEREBY CERTIFY, That I attended deceased from June 15 1931 to Oct 21 1932

I last saw h[im] alive on Oct 20 1932. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & Chronic Nephritis	Gradual "

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Horace M. Zeiler M. D.

10/22/32 (Address) 15 S. Reginald Line

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83887

CERTIFICATE OF DEATH

E 83887

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 22 Ward) 12

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Pazukas

(a) Residence: No. 2704 Carrol St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Sally Pazukas

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs. Sally Pazukas

(Address) 2704 Carrol St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Oct 25/32 1932

19. UNDERTAKER Chas B. Kuchauckas

(Address) 63[illegible] Washington Boulevard

20. FILED OCT 24 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19..., to ..., 19...

I last saw him alive on injury, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Ribs	10/17/32
Broncho Pneumonia	
Other contributory causes of importance:	
Automobile Accident	10/17/32

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/17/1932

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by automobile while

Nature of Injury crossing Path St. at Wolfe

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Sweeney M. D. Coroner

(Address) 2102 E Madison St

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83888

E 83888

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1150 Longwood ST. 16-67 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph T. Linstid

(a) RESIDENCE NO. 1150 Longwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Alida V. Linstid

6 DATE OF BIRTH (month, day, and year): Dec. 2-1867

7 AGE: Years 64; Months 10; Days 21; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Yeast-Mixer 086

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Industrial Alcohol Co

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Chas. Linstid

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Ellen Blunt

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Alida V. Linstid

(Address) 1150 Longwood St

15 OCT 24 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-23-32

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932, to 10-23-, 1932,

that I last saw h[illegible] alive on 10-23-, 1932

and that death occurred, on the date stated above, at 6 00 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(Repeated attacks)

Seven Hemorrhages in last 3 yrs.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral arteriosclerosis ?

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Robert T. Chenault M. D.

. 19 (Address) 1120 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem.

DATE OF BURIAL: Oct 26 1932

20 UNDERTAKER: Chas. E. Franck

ADDRESS: 802 Madison Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83889 E 83889

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Baltimore Jail 3-A St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Brown

(a) Residence: No. 225 S. Bethel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 5

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 023

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Amanias Brown

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Annie Wallace

16. BIRTHPLACE (city or town) (State or country) Chesterfield, Va

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Oct 24, 1932

19. UNDERTAKER [illegible]
(Address)

20. 10-19-1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1932 to 10-19, 1932

I last saw him alive on 10-19, 1932. Death is said to have occurred on the date stated above, at 10.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into left cerebrum	10-18-32
Other contributory causes of importance: Nephritis chronic	10-32

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

10-20-32 (Signed) Elmer Hitchcock M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83890

CERTIFICATE OF DEATH

E 83890

7-12 93-227

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N. Lakewood St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Stonerider

(a) Residence: No. 708 N. Lakewood St., Ward.

(Usual place of abode) 5 yrs

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie Stonerider

6. DATE OF BIRTH (month, day, year) Feb 17/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. d

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Havre De Grace (State or country) Md.

FATHER

13. NAME Henry Stonerider

14. BIRTHPLACE (city or town) U.S. (State or country)

MOTHER

15. MAIDEN NAME Mary --------

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Edward Stonerider (Son)
(Address) 708 N. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct. 26, 1932

19. UNDERTAKER John A. Noon
(Address) 3000 E. Balto St.

20. FILED Oct 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on about 10 A.M. 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Pulmonary Odema	
Other contributory causes of importance: Bronchial Asthma	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. St. Cyr M. D.
Coroner

(Address) 508 E. Fort Ave

M. D. B. 1268-9

83891 HEALTH DEPARTMENT--CITY OF BALTIMORE

E 83891

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1748 Bank St. 2-4 Ward)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Fogan

(a) Residence: No. 1748 Bank St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 26-

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 66

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christopher Fogan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Cannon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Annie Ford
(Address) 1748 Bank St.

18. BURIAL, CREMATION, OR REMOVAL. Date Oct. 26 1932
Place New Cathedral

19. UNDERTAKER Wm. P. Regan
(Address) 2300 E. Balto. St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 1/32 . 19 ... to Oct. 23/32 . 19 ... I last saw her alive on Oct. 23/32 . 19 ... Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
Oct. 20 to Oct. 23/32.

Date of onset

Other contributory causes of importance:

Cerebral embolism
July 1/32 to Oct. 23/32.

Name of operation None. Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) ... M. D.
(Address) 100 N. Linwood Ave.

Spec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83892

CERTIFICATE OF DEATH

E 83892

REGISTERED NO. 46 E 83892

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 Lafayette Ave. E. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margaret Josephine Sullivan

(a) RESIDENCE NO. 1812 Lafayette Ave. E. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of John Joseph Sullivan

DATE OF BIRTH (month, day, and year) July 16, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Dennis Farrell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Josephine Ecker

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Maryland

PARENTS

14 Informant Nora A. Doyle

(Address) 1812 Lafayette Ave. E.

15 Oct 1 1932 Huntington Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22, 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar 10, 1932, to Oct 22, 1932

that I last saw her alive on Oct 22, 1932

and that death occurred, on the date stated above, at 7 10 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pylorus end of Stomach

(duration) yrs. 18 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of July 26, 1932

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) Vincent V. Cooke, M. D.

, 19 (Address) 845 N. Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Oct 25 1932

20 UNDERTAKER John [illegible]

ADDRESS 3000 E. Balto

Spec.—12-9-25—A Co.—200 Dts.

HEALTH DEPARTMENT—CITY OF BALTIMORE

83893

CERTIFICATE OF DEATH.

93 204 V

E 83893

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2103 Sidney Ave. St. 25-32 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Simon

(a) RESIDENCE NO. 2103 Sydney Ave. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jubal Cain. Simon.

6 DATE OF BIRTH (month, day, and year) Feb. 15th 1855

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	77	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) State of Michigan

PARENTS

10 NAME OF FATHER Frank Harris

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ohio

12 MAIDEN NAME OF MOTHER Not Known.

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

14 Informant Mrs Walker Curtis

(Address) 2103 Sidney Ave

15 Filed ..... 19 ..... Registrar

1932 RFH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Oct. 22, 1932.

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1932 to Oct. 22, 1932, that I last saw her alive on Oct. 20, 1932, and that death occurred, on the date stated above, at 6.15 P. m.

The CAUSE OF DEATH* was as follows: Myocardial insufficiency.

(duration) Unknown ds.

CONTRIBUTORY (Secondary) None. (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Physical findings.

(Signed) J. W. Guyton, M. D.

. 19 (Address) 2237 Annapolis Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A & Co. Date of Burial 10-25 1932

20 UNDERTAKER Bernard C Harke ADDRESS 1000 S Paca St.

AaCo. 5-31 250B

83894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 154 E 83894

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hospital, Balto. St., 2 W. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. if of foreign birth? 15 yrs. ... mos. ... ds.

2. FULL NAME Andres Cereijo

(a) Residence: No. 712 S. Broadway, Baltimore, Md., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 30, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	33	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman (Fireman)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) July, 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spain

FATHER

13. NAME Antonio Cereijo

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Antonia Cereijo

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Date Oct 25 1932

19. UNDERTAKER L. Sander Sons Inc
(Address) 120 Park Ave

Filed 10-25 1932 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1932, to Oct. 23, 1932

I last saw h im alive on Oct. 23, 1932 death is said to have occurred on the date stated above, at 3:15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis, chr. of right frontal bone	7-21-32
Other contributory causes of importance: Abscess of brain, rt. frontal lobe	8-10-32

Name of operation Drainage of abscess Date of 10-23-32

What test confirmed diagnosis? Phys. exam & operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) U. S. Marine Hosp., Balto. Md.

M. D. H. 1368-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83895 ✓ 8 2

Lung

CERTIFICATE OF DEATH 12 E 83895

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arnold Fragenbrink

(a) Residence: No. Rosedale Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sep. 3-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	— 1	— 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Carl Fragenbrink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md. Date Oct 24 1932

19. UNDERTAKER Linder Bros Inc

(Address) 710 East Pratt

20. FILED Oct 26 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-20-1932 to 10-24-1932

I last saw him alive on 10-24-1932. Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Post-operative	1920

Other contributory causes of importance:

appendectomy in 1920 - Intestinal obstruction due to adhesions treated 1931 - again 1932 (July) and again in October 1931

Name of operation laparotomy Date of 10-21-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lindsay H. Campbell Jr. M. D.

(Address) John Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

E 83896

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83896

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Enrouteto

CITY OF BALTIMORE: (No. St. Joseph's Hospital ST. 14-20 WARD)

2-FULL NAME George D. Keith

(a) RESIDENCE NO 1519 Eutaw Place ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie J. Brown

6 DATE OF BIRTH (month, day, and year) May 12, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	5	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Commissioner of
(b) General nature of industry, business, or establishment in which employed (or employer) Opening Streets
(c) Name of employer Baltimore City

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Charles A. Keith

11 BIRTHPLACE OF FATHER (city or town) Howard Co.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mary J. Scally

13 BIRTHPLACE OF MOTHER (city or town) -----
(State or country) Ireland

14 Informant Mrs. Sallie J. Keith

(Address) 1519 Eutaw Place

15 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22/32 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Myocardial Insufficiency

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Hypertension etc

(duration) ? yrs. ? mos. ? ds.

18 Where was disease contracted if not at place of death? Seized while riding with friend in auto.

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. S. H. Cullen, M. D. Coroner

Oct 23/32 19 (Address) 808 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 10/25 1932

20 UNDERTAKER Henry U. Mears & Son

ADDRESS 803 N. Calvert

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83897 E 83897

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St., 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Annie S ann

(a) Residence: No. 939 N. Broadway St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 2 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

FATHER

13. NAME George W. Davis

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Sara A. McCausland

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Mrs. Wm. E. Bramble

(Address) 939 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct. 25. 1932

19. UNDERTAKER Wm. E. Black

(Address) 939 N. Broadway

20. Oct 1932 Huntington Undertaking Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19 , 1932 to Oct. 23 , 19..

I last saw her alive on Oct. 23 , 1932. Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	?
Senility	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Morris B. Schreiber , M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

83898

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83898

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3310 Bateman Ave St., 15-64 (Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos.

2. FULL NAME Mary C Frey

(a) Residence: No. 3310 Bateman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced (write the word)~~
Female	White	Married

5a. If married, widowed, or divorced ~~Husband of~~ (or) WIFE of Arthur L Frey

6. DATE OF BIRTH (month, day, year) January 25th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) Since Married

11. Total time (years) spent in this occupation Since Marriage

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME Michael Leitch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Husband Arthur L Frey
(Address) 3310 Bateman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Oct 26th 1932

19. UNDERTAKER Mrs. Leitch & Son Funeral Directors
(Address) Huntington Avenue, N.Y.

OCT 24 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22 . 19

22. I HEREBY CERTIFY, That I attended deceased f
Oct-16 . 1932, to October 22 . 19
I last saw h. alive on October 22 . 1932 Death is
to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows: Uremic coma — Date of 10-1

Other contributory causes of importance: Bronchial Pneumonia — 10-1

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in pu
place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of decea
If so, specify M.

(Signed) Arthur J Davis

(Address) 800 W 38th St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

(Zinkhan) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

83899 E 83899

CERTIFICATE OF DEATH.

92-001 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No 1615 Clarkson St 23 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Freda Zinkhan

(a) RESIDENCE NO 1615 Clarkson ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or WIFE of) John A. Zinkhan

6 DATE OF BIRTH (month, day, and year) July 9th 1846

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Julius Sass

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Wilt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Daisy Gunther (Address) 1615 Clarkson St

15 10/24 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 23, 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1932, to Oct. 23, 1932

that I last saw her alive on Oct. 23, 1932 3:00 P.M. and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. K. Campiree M. D.

10/24 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Oct 26 1932

20 UNDERTAKER George Schilling & Sons

ADDRESS Asquith & Hamilton Sts

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83900

CERTIFICATE OF DEATH

E 83900

Registered No. 93-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 Aisquith St. 10-W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. E. Laub

(a) Residence: No. 1222 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Laub

6. DATE OF BIRTH (month, day, year) Dec 25, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taylorsville, Md.

FATHER

13. NAME Henry D. Franklin

14. BIRTHPLACE (city or town) (State or country) Taylorsville, Md.

MOTHER

15. MAIDEN NAME Clementine Barnes

16. BIRTHPLACE (city or town) (State or country) Taylorsville, Md,

17. INFORMANT Carrie E. Hoyle (sister)
(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Oct 26th ... 19 ...

19. UNDERTAKER Geo Schilling & Sons
(Address) Aisquith & Monument Sts

Filed ... 19 ... Registrar.

T 2-4 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance: General Arteriosclerosis (Senile) ?	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Haeen, Coroner, M. D.

(Address) 108 E Hoffman

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83901

CERTIFICATE OF DEATH

E 83901

93-004

Registered No.

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St 5-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Edward Van Horn

(a) Residence: No. 109 Aisquith - Salvation Army Home St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed 0[illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Albert Van Horn

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Sarah Jane Kimbell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Salvation Army
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Oct 25 1932

19. UNDERTAKER John F. Denny
(Address) [illegible]

4 1932 . 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 .. Death is said to have occurred on the date stated above, at about 12.05 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Lack of care etc yrs ?	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 506 E. Fronteen

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83902

CERTIFICATE OF DEATH

59 E 83902

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. St. 9-46 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. William Whitley (Ida)

(a) Residence: No. ~~Union Memorial Hosp.~~ 749 E. 30th St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married.

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Mr. William Whitley

6. DATE OF BIRTH (month, day, year) Dec 28, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54 55 years	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Oct. 19, 1932 Balt. Md

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry A. Morrow (L)

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ruth Grant (L)

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mrs. Ruth Hess. 749-2 30th St. Balt, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Oct. 26. 1932

19. UNDERTAKER (Address) Mrs. E. Miller & Co 2303 Jefferson St.

21 1932 ..... Registrar.

OCCUPATION IS VERY important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 2, 1932 to October 18, 1932

I last saw h.er alive on October 22, 1932. Death is said to have occurred on the date stated above, at 12¼ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic acidosis	10-20-32
Diabetes Mellitus.	(D)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Myres S. Hulet, M. D.

(Address) Union Mem Hosp.

M. D. B. 1268-9

E 83903 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83903

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 720 N. Eutaw St. (Ward) 8th 11-24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Andrews Thompson

(a) Residence: No. 720 N. Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Oct 4

6. DATE OF BIRTH (month, day, year) 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Druggist 025

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath md

FATHER

13. NAME William S Thompson

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Margaret Smithgall

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John C. Patterson

(Address) 1001 Fidelity Bldg

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 28, 1932

19. UNDERTAKER John C. Mitchell & Son

(Address) 1900 Eutaw Place

Huntingdon, Pennsylvania, Registrar.

Oct 24 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	8 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hoffman Coroner, M. D.

(Address)

1-30—M. & T.—100 B—50L

E 83904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83904

CERTIFICATE OF DEATH

186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital (St.) 27-48 (WARD)

2-FULL NAME John Cummenhauser

(a) RESIDENCE NO. 551 Birmingham Rd. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	Whit	widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Cummenhauser

6 DATE OF BIRTH (month, day, and year) March 18, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	93	7	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) family
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown cummenhauser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant John G. Cummenhauser

(Address) 551 Birmingham Rd

15 10/29 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22nd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of Shoulder
fall down stairs at his
home accident

(duration) ..... yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Broncho-Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? 551 Birmingham Rd

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Benton, M. D. Coroner

10/24 1932 (Address) 703 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL 10/25/1932

20 UNDERTAKER Wm Cook 1217 E Pratt St

ADDRESS

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83905 E 83905

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4506 Parkmont Ave Ward 26) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edward Monroe

(a) Residence: No. 4506 Parkmont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Susan A. Monroe

6. DATE OF BIRTH (month, day, year) Feb 22nd 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elite Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Monroe

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Susan A. Monroe

(Address) 4506 Parkmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 10/26/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1932 to Oct 23 1932

I last saw h in alive on Oct 23 1932 Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Oct 16

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 1301 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

4 1932

M. D. B. 1268-9

(Giffin) ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83906 E 83906

CERTIFICATE OF DEATH

127 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Jos. Hospital 1400 N. Caroline St. 24-33 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Etta Giffin
(a) Residence: No. 402 E. Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. W. Giffin

6. DATE OF BIRTH (month, day, year) May 22, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER
13. NAME James Campbell
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Robt W. Giffin
(Address) 402 E. Clement St

18. BURIAL, CREMATION, OR REMOVAL
Place Knoxville Tenn Date Oct 25. 1932

19. UNDERTAKER C. Howard Evans
(Address) 23 E. Eat Ave.

Oct 24 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1932, to Oct 24, 1932
I last saw her alive on Oct 24, 1932. Death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilat of heart following Cholecystectomy 4 days prior.	Oct 20
Other contributory causes of Importance: Cholemia	

Name of operation. Cholecystectomy Date of Oct 20 1932

What test confirmed diagnosis? Autopsy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in Industry, In home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. F. Graves M. D.
(Address) 811 E. Lafayette Ave

AaCo. 5-11 2503

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83907

46 E 83907

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Powell ave St., C. Ward) 42

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm. J. Heiligenstadt

(a) Residence: No. 4410 Powell Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Cecelia Logue

6. DATE OF BIRTH (month, day, year) June 28th 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 06
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Wm. Heiligenstadt
14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Annie Carter
16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs. Cecilia Heiligenstadt
(Address) 4410 Powell Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 10/27 1932

19. UNDERTAKER E. J. Bunting & Son
(Address) 1938 E. Lafayette Ave.

~~Huntington Avenue~~ Registrar.

4 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1932 to 10-13 1932

I last saw h.. alive on 10-13 1932 death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pharynx & esophagus	
Other contributory causes of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. A. Guttgruss, M. D.

(Address) 1017 E. Baltimore St.

AaCo. 5-11 250B

83908

HEALTH DEPARTMENT—CITY OF BALTIMORE

83908 E

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat St. 28-63 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael A. Muldoon

(a) Residence: No. Mount Hope Retreat St., ... Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 1, 1877

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
55	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foot binder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Muldoon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Maria Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mount Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL Place NEW CATHEDRAL Date Oct. 25, 1932

19. UNDERTAKER Stuart F. Mason
(Address) 1st West Park Ave.

Huntington Long Island N.Y.

41932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931 to Oct 23, 1932

I last saw h[illegible] alive on Oct 23, 1932 death is said to have occurred on the date stated above, at 2.35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 Jan
Auricular Fibrillation	10 years
Myocardial Disease	
Senescence	
Other contributory causes of importance: Chronic Intestinal Nephritis	15 yr.

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Wm. Lester Donelli, M. D.

(Address) 33 Prudence Rd.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83909

CERTIFICATE OF DEATH

† 46 E 83909

Registered No.

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St., 12-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfred N Pleasants

(a) Residence: No. Cockeysville, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mrs A. N. Pleasants

6. DATE OF BIRTH (month, day, year) Aug 11th 1871

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
61	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamship agent 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship

10. Date deceased last worked at this occupation (month and year) 10-19-32

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME J. H. Pleasants

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Marguerita Rigg

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Deceased.
(Address) Cockeysville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct 26 1932

19. UNDERTAKER Henry J Jenkins & Co
(Address) Orleans & Mc Culloh Sts

20. FILED OCT 25 1932 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-19, 1932 to 10-24, 1932

I last saw him alive on 10-24, 1932. Death is said to have occurred on the date stated above, at 3:35 P m.

The prinelpal cause of death and related causes of importance were as follows:

	Date of onset
acute Cardiac dilatation	

Other contributory causes of importance:

Carcinoma of Sigmoid	
Cacostomy	

Name of operation Cacostomy Date of 10-22-32

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank R Stephenson, M. D.

(Address) ...

M. D. R. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83910

CERTIFICATE OF DEATH

94 E 83910

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 N Charles St. 4-1 Ward)

Length of residence in city or town where death occurred 70 yrs. 1 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Jones Milligan

(a) Residence: No. 603 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced (write the word)~~
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 23 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George B. Milligan

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Sophia G. Carroll

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) J. Hall Pleasants 201 Longwood Road Ruxton

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Greenmount Date Oct 25 1932

19. UNDERTAKER (Address) H. H. Jenkins Sons Co. Eutaw & Lanvale Sts. Huntington Williams N.Y.

20. FILED Oct 25 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1932

22. I HEREBY CERTIFY, That I attended deceased from May. 15 1931 to Oct 22 1932

I last saw him alive on Oct 22 1932 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis,	
1st attack May 1932	
2nd attack Oct 22-1932	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, how?

(Signed) Wm B Mayo M. D.

(Address) Medical Arts Bldg

M. D. R. 1268-9

E 83911

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83911

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1431 Lamont St. 46th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Parker.

(a) Residence: No. 1431 W. Lamont St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/7/1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Bathy Md

FATHER

13. NAME John Parker.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lola Hynes
(Address) 1431 W. Lamont St.

18. BURIAL, CREMATION, OR REMOVAL. Oct 25 32
Place Mt Auburn

19. UNDERTAKER Samuel B. Hemsley
(Address) 1708 Mt. Street

20. FILED OCT 25 1932 19 ... Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/23/32

22. I HEREBY CERTIFY, That I attended deceased from 10/17/32 to 10/23/32

I last saw ... alive on 10/17/32. Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of left foot & leg	10/17/32

Other contributory causes of importance: Chronic Nephritis of years standing

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) H. Lee Mott, M. D.

(Address) 1211 Cathedral St.

OCCUPATION is very important. See instructions on reverse side.

1-30—M. & T.—100 B—50L

E 83912

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83912

CERTIFICATE OF DEATH

REGISTERED NO. 1832-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 24-33 WARD

2-FULL NAME Thomas F. Coady

(a) RESIDENCE NO. 303 Warren ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	whit	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Mary Coady

6 DATE OF BIRTH (month, day, and year) Unknown 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	74			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Superendant of
(b) General nature of industry, business, or establishment in which employed (or employer) Kennedy
(c) Name of employer Foundry Philadelphia

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Thomas Coady

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rosa Donahue

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Francis J Coady

(Address) 303 warren ave

15 FILED OCT 25 1932 Huntington Mills SECRETARY

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
fall down stairs - Contributory
Diabetis

(duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) Diabetis (duration) 2 yrs. 7 mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? clynical

(Signed) James M Fenlon, M. D. Coroner

1932 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 10/26 1932

UNDERTAKER J. J. Faber & Sons — ADDRESS 1318 Light St

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83916-5-H

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83913

Registered No. 13-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Leonard Jones
(a) Residence: No. 1623 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word): —

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-27-31

7. AGE: Years 1 | Months 14 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Ray Jones
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Fannie Lehman
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date Oct 26 1932

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St

20. FILED OCT 25 1932 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1932 to Oct 21, 1932. Death is said to have occurred on the date stated above, at 10 [illegible] m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Other contributory causes of importance:

Influenza

Exhaustion

Heart Failure

Date of onset
10 5 32
10 14 32
10 16 32
10 8
10 8
10 16

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Attended) Aug G. Kuttner (Kuttner) M. D.
(Address) Johns Hopkins 11-25-32.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83914

CERTIFICATE OF DEATH

27-001

E 83914

Registered No. 27-55

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5504 Reisterstown Rd St., 27 Ward)

Length of residence in city or town where death occurred 76 yrs. 7 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Little

(a) Residence: No. 5504 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mary M. Little

6. DATE OF BIRTH (month, day, year): Feb. 29, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sanford Dairies

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sells Cts

10. Date deceased last worked at this occupation (month and year): Balto

11. Total time (years) spent in this occupation: Md.

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Henry Little

14. BIRTHPLACE (city or town) (State or country): Carroll Co Md.

MOTHER

15. MAIDEN NAME: Billings

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Harry T. Little
(Address) 5504 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Oct 26, 1932

19. UNDERTAKER: Wm Hughes Sons
(Address) North & Penna Aves

20. FILED: OCT 25 1932 Huntington Ave Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1932 to 10-23, 1932

I last saw him alive on 10-23, 1932 Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-23
Other contributory causes of Importance:	
Atherosclerosis	10-15

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Henry Wechsler M. D.

(Address) 3902 Groveland Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83915

E 83915

CERTIFICATE OF DEATH

V93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood apts St., 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Alford Dunbracco

(a) Residence: No. Charles & 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Wm W. Dunbracco.

6. DATE OF BIRTH (month, day, year) Feb. 1, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James E. Alford

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Jane

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Wm W. Dunbracco

(Address) Homewood apts.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Oct 27 1932

19. UNDERTAKER Wm Fletcher Woods

(Address) North & Pulaski

20. FILED OCT 25 1932 Huntington Hill, Registrar.

OCCUPATION IS very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1932 to 10/24 1932

I last saw her alive on 10/23 1932 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1928
Myocarditis	Yr. 32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signature) C Watson Smith M. D.

(Address) 817 Park Ave

M. D. B. 1268-9

E 83916

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83916

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 Beaumont Ave, St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julius A. Baynard

(a) Residence: No. 533 Beaumont Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Anderson

6. DATE OF BIRTH (month, day, year) June 5, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman. 06

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 06

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton, Md.

FATHER

13. NAME William W. Baynard

14. BIRTHPLACE (city or town) (State or country) Easton, Md.

MOTHER

15. MAIDEN NAME Ella L. Edgey

16. BIRTHPLACE (city or town) (State or country) Easton, Md.

17. INFORMANT Mrs. Elizabeth Baynard
(Address) 533 Beaumont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Easton, Md. Date Oct 25 1932

19. UNDERTAKER Henry W. Meighan
(Address) 205 N. Eutaw St.
Via American Railway Express

20. FILED OCT 25 1932 Huntington Woo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14 1931 to Oct. 24 1932

I last saw ~~him~~ alive on Oct. 24 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Earl F. Benson, M. D.

(Address) 5111 York Rd.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83917

CERTIFICATE OF DEATH

E 83917

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 E. Lombard St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kathrine T. Dempert

(a) Residence: No. 1835 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Dempert

6. DATE OF BIRTH (month, day, year) Jan 25 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Paul Zobelein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Friedrick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorthy Frank

(Address) 1835 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 26 1932

19. UNDERTAKER Martin F. E. Duppelmeier

(Address) 37 S. Amity St.

20. FILED OCT 25 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1932 to Oct 23 1932

I last saw her alive on Oct 23 1932 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1/1/1931

Other contributory causes of importance:

Cardiac decomposition

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) William J. Reynolds M. D.

(Address) 501 Lenwood

M. D. B. 1268-9

83918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1272 E 83918

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., 16-22 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris E. Burke

(a) Residence: No. 1012 N. Calhoun St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Lydia Burke

6. DATE OF BIRTH (month, day, year): Sept 12 1882

7. AGE: Years: 50 | Months: 1 | Days: 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Meat Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Meat Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: William Burke

14. BIRTHPLACE (city or town) (State or country): Wash D.C.

MOTHER

15. MAIDEN NAME: Fannie Lewis

16. BIRTHPLACE (city or town) (State or country): Orange Co Va

17. INFORMANT: Ollie Burke Saunders

(Address) 5 Conway St. Frostburg Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Oct 25 1932

19. UNDERTAKER: Samuel H. Cassell Inc

(Address) 1218 N Gilmor

20. FILED: OCT 25 1932 19.... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 22nd 32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
Fecal	
	2 Days

Other contributory causes of importance:

Name of operation: Rectum Date of: .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Falk Coroner, M. D.

(Address) .....

OCCUPATION IS VERY important.

M. D. B. 1268-9

83919 HEALTH DEPARTMENT—CITY OF BALTIMORE 83919

CERTIFICATE OF DEATH

No 51

1. PLACE OF DEATH Balto City Hospitals — St. 8-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 66 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. March

(a) Residence: No. 1403 N. Rose St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Margaret L. March

6. DATE OF BIRTH (month, day, year) Sept 21 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Phillip March

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Caroline Fillen

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mount Olivet Date Oct 25 1932

19. UNDERTAKER E. Schluyman & Son

(Address) 1539 Hanover St

20. FILED OCT 25 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1932 to 10-23 1932

I last saw him alive on 10-23 1932 Death is said to have occurred on the date stated above, at 7.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma both Kidneys-	?
Inf. thrombosis	10-16-32
Inf. Vena cava-	?
Metastatic Ca. Lung-	?
Other contributory causes of importance:	
Broncho Pneumonia-	10-20-32

Name of operation no Date of .....

What test confirmed diagnosis? C.P. + Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify no

(Signed) Wm. Bruce Schaffer M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

83920 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 83920

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — 13 E

CITY OF BALTIMORE: (No. Baltimore Isolation St. 3-5 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME William Robinson (George Jones ENG)

(a) Residence: No. 1117 E Lombard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 17 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter & Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — do

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William C. Robinson

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME — Ida Jones

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT (Address) Records Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cem. Date 10-23 1932

19. UNDERTAKER Bryson & Mamie Draughon (Address) 1218 McElderry St

OCT 24 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-10 1932 to 10-19 1932

I last saw him alive on 10-19 1932 Death is said to have occurred on the date stated above, at 4:45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis chronic	3-1-32
Other contributory causes of importance: Uremia chronic	unk

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

10-24-32 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

OCCUPATION IS VERY important.

M. D. B. 1268-9

83921 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83921

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Ind. St. 5-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julia De Shields

(a) Residence: No. 1010 Low St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John De Shields

6. DATE OF BIRTH (month, day, year) Aug 4 1832

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Garrison Collins

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cem. Date 10-23-32

19. UNDERTAKER Bryant & Manning Wright

(Address) 128 E. Lexington St Huntington Highlands, N.Y.

20. FILED . 19 Registrar.

OCT 25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-[illegible]-32 to 10-23-32

I last saw h[illegible] alive on 10-23-32 Death is said to have occurred on the date stated above, at 1:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease arteriosclerotic	6-1-32
Other contributory causes of importance: acute myocardial insufficiency	10-4-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

10-23-32 (Signed) Elmer Hitzberger M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83922 E 83922

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Provident Hospital St., 14-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaac Hopkins

(a) Residence: No. Rock Hall, St., 2 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Hopkins

6. DATE OF BIRTH (month, day, year) June 19, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rock Hall Md.

FATHER

13. NAME Saml Scott

14. BIRTHPLACE (city or town) (State or country) Rock Hall Md

MOTHER

15. MAIDEN NAME Rachel Thompson

16. BIRTHPLACE (city or town) (State or country) Rock Hall Md

17. INFORMANT Hospl Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rock Hall Date Oct 25 1932

19. UNDERTAKER Harry Toomey (Address) Chester Town Md

20. FILED OCT 25 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1932 to Oct. 24 1932

I last saw h[illegible] alive on Oct. 24, 1932 Death is said to have occurred on the date stated above, at 1.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Embolism	10/24/32
(Other contributory causes of importance: Postoperative Thyroidectomy	10/18/32 about

Name of operation Thyroidectomy Date of 10/18/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Buchanan Higgins M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97/ 53 VE 83923

CERTIFICATE OF DEATH

Registered No. 83923

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Haythurst

(a) Residence: No. Fairmount St., West Virginia Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eli

6. DATE OF BIRTH (month, day, year) 8-19-08

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NW 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME John Turner

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Ida Vincent

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmont W Va Date 10/25/32 19

19. UNDERTAKER Daugherty's
(Address) 125 Avenue

20. FILED ... 19 ... Huntington W. Williams Registrar.

OCT 25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct-18 1932 to Oct-23 1932

I last saw her alive on Oct 23, 1932 Death is said to have occurred on the date stated above, at 8 25 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	1928
Other contributory causes of importance:	

Name of operation Right Ganiotom Resection in Rt. frontal lobe Date of 10-22-32

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) M. B. Woodhall M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1263-9

(Leone)

HEALTH DEPARTMENT—CITY OF BALTIMORE

83924 — CERTIFICATE OF DEATH — E 83924

Registered No. 59

1. PLACE OF DEATH St. Joseph's Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 23 34 Ward)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Antoinette Keane

(a) Residence: No. 1805 Light St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Leone

6. DATE OF BIRTH (month, day, year) Nov 28, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	75 (?)	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Alagna

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Catarina Salerno

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincent Liberandi
(Address) 1805 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 26, 1932

19. UNDERTAKER Frank V. Lipitone
(Address) 1506 Baltimore St

Filed ..... 1932 ..... Registrar.

OCT 25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1932 to Oct 23, 1932

I last saw h[illegible] alive on Oct. 23, 1932 Death is said to have occurred on the date stated above, at 9:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Gangrene of Lft Leg	Oct 12

Other contributory causes of importance: Generalized arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Glucose Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Gomez, M. D.

(Address) St Josephs Hosp

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83925 ✓ X 54 E 83925

Registered No.

21-29

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 Carroll St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 6 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Cecilia Flynn

(a) Residence: No. 773 Carroll St., Ward. Wash. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Flynn

6. DATE OF BIRTH (month, day, year) August 23, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	60	2	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME James H. Dove

14. BIRTHPLACE (city or town) (State or country) Alexander Virginia

MOTHER

15. MAIDEN NAME Mary A. McMullan

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT (Address) Mrs. Anna Doran 773 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Oct. 26, 1932

19. UNDERTAKER (Address) Joseph H. Cook 1003 W. Baltimore St.

25 1932 ..., 19.. Registrar.

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1932, to October 23, 1932

I last saw her alive on Oct. 23, 1932. Death is said to have occurred on the date stated above, at 2.30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of the coronary.	Oct 19. 1932
Other contributory causes of importance: Diabetes mellitus	2 years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr. Vincent Cultra, M. D.

(Address) 811 Scott St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83926

CERTIFICATE OF DEATH

E 83926

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 E Hoffman St., 8-17 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Mills Williams

(a) Residence: No. 2007 E Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Jerome Williams

6. DATE OF BIRTH (month, day, year) Aug 8-1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME Lewis E Gilbert

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Catherine Mills

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs J Arthur Williams

(Address) 2007 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL Baker Cemetery

Place Date Dec 29 1932

19. UNDERTAKER Henry Tarring & Sons

(Address) Edmondson Ave

20. FILED ....., 19..... Registrar.

25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1932 to Oct. 24 1932

I last saw h[illegible] alive on Oct. 23 1932 Death is said to have occurred on the date stated above, at 5:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast	

Other contributory causes of importance:

Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Surgical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Toomey M. D.

(Address) 612 N. Broadway

Information should be given in these terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83927

CERTIFICATE OF DEATH

E 83927

92-001

REGISTERED

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 1)

1-PLACE OF DEATH

City of Baltimore: (No. 3548 Buena Vista Ave, 19 57 Ward)

2-FULL NAME Albert L. Jett

(a) RESIDENCE NO. 3548 Buena Vista Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert L. Jett.

6 DATE OF BIRTH (month, day and year): Oct. 24, 1871

7 AGE: Years 61 | Months 11 | Days 11 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Stone
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country): Maryland

PARENTS

10 NAME OF FATHER: Martin L. Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Martha Kohl

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Maryland

14 Informant: Robert L. Jett
(Address): 3548 Buena Vista Ave

15 Filed: Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10/24 192 2

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular Nephritis
Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Brunner, M. D.

10/25 19 2 (Address) 112 Bond St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cem

DATE OF BURIAL: Oct 27 19 32

20 UNDERTAKER: Easton Lane

ADDRESS: Edmondson

2 51932

Spec.—8-16-29—L. F. S.—100 Bks.

E 83928

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83928

CERTIFICATE OF DEATH

93-003

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 2103 Maisel ST. 25th WARD 32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna M. Heilmann

(a) RESIDENCE NO. 2103 Maisel ST. 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Late Robert Heilmann

6 DATE OF BIRTH (month, day, and year) May 8. 1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) ~ 03

(c) Name of employer ~

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Interment Oct. 27 1932 Undertaker Mrs. Leo. Schmaysinger

(Address) 2103 Maisel St.

15 Filed Oct 25 1932 Huntington Milburn, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24, 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct 8th, 1932, to Oct 24th, 1932, that I last saw h alive on Oct 24th 1932 and that death occurred, on the date stated above, at 805 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute decompensation of heart (duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of -

Was there an autopsy? No

What lest confirmed diagnosis? Clinical signs.

(Signed) H Lamont Wheeler M. D.

Oct 24 1932 (Address) 2910 Hollins Ferry Rd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Trinity Cemetery	Oct. 27. 1932

20 UNDERTAKER Henry Sander & Sons. Inc.

ADDRESS Baltimore St & Broadway

Important. See instructions on back of certificate.

M. D. B. 1268-9

E 83929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

E 83929

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital Ward

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS ELIZABETH S. BOVARD

(a) Residence: No. 814 PARK AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of HOWARD S. BOVARD

6. DATE OF BIRTH (month, day, year) MAR. 1, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Aug 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Farrell Penna.

FATHER

13. NAME JOHN H. SITOOP

14. BIRTHPLACE (city or town) (State or country) ? PENNA

MOTHER

15. MAIDEN NAME MALINDA McCAIN

16. BIRTHPLACE (city or town) (State or country) PENNA

17. INFORMANT MR. JOHN R. BOVARD

(Address) 514 GREENBRIER RD. TOWSON

18. BURIAL, CREMATION, OR REMOVAL

Place Farrell Penna. Date Oct. 28. 1932

19. UNDERTAKER Henry Sander & Sons, Inc. Henry F. Sander.

(Address) Baltimore & Broadway

20. FILED Oct 28 1932 Chesterfield Penna. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 . 1932 to Oct 25 . 1932

I last saw her alive on Oct 25 . 1932 Death is said to have occurred on the date stated above, at 11:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	7/1/32
Chronic Pancreatitis	?
Other contributory causes of importance:	
Broncho-pneumonia	10/22

Name of operation Cholecystectomy Date of 9/14/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Richert M. D.

(Address) Union Memorial Hospital

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83930

CERTIFICATE OF DEATH

x 46 E 83930

Registered No. 6-9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Crawford

(a) Residence: No. Easton, St. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed or divorced (or) WIFE of Wm C. Crawford.

6. DATE OF BIRTH (month, day, year) November 27, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 -	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Dyer

14. BIRTHPLACE (city or town) (State or country) Easton, Maryland.

MOTHER

15. MAIDEN NAME Mary Ouder Price

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Church Home - Infm
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Easton Cbd Date Oct 26 1932

19. UNDERTAKER Henry W. Jenkins Sons Co
(Address) Oakland & Bel Fallon

19 Filed 19 Registrar.

51992

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-14, 1932 to 10-25, 1932

I last saw her alive on 10-25, 1932 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cecum	Unknown
& Secondary Anemia	6 Mos
Other contributory causes of importance:	
Carcinoma of Cecum	Unknown

Name of operation Exploratory Laparotomy Date of 9-26-32

What test confirmed diagnosis? Gross & Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vernon H. Norwood, M. D.

(Address) Church Home Infirmary

Spec.—1-30—M. & T.—250 Bks

Nunie Nickens ✓

E 83931

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83931

23

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 Mendoh St. ST. 13-54 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nunie Nickens

(a) RESIDENCE No. 235 Mendoh St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced (Of) Lola Nickens

6 DATE OF BIRTH (month, day, and year) Sept. 7, 1896

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer) House Painting

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Williamsburg Va

PARENTS

10 NAME OF FATHER John E. Nickens

11 BIRTHPLACE OF FATHER (city or town) (State or country) Whitestone Va

12 MAIDEN NAME OF MOTHER Emeline Wood

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Williamsburg Va.

14 Informant Lola Nickens (Address) 235 Mendoh St

15 Filed 25 1932 Huntington Millicent, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 23 Oct. 32

17 I HEREBY CERTIFY, That I attended deceased from Oct. 19 32 to Oct. 19 32

that I last saw h alive on 22 " 19 32

and that death occurred, on the date stated above, at 12.40 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

about

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

(duration) 2 yrs. 6 mos. 16 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. Fred Boyle, M. D.

(Address) 1011 N. Carlin St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Natural Cemetery

DATE OF BURIAL 10/26/1932

20 UNDERTAKER Geo. L. Holland

ADDRESS 1631 Druid Hill Ave

TION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83932

CERTIFICATE OF DEATH

107 E 83932

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 14-20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Augusta Muller

(a) Residence: No. 1413 Mt Royal Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 30 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Julius E Muller
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elsie Mulz
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sophia L Decker
(Address) 220 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Greenmount Cem. Date Oct 26 1932

19. UNDERTAKER Allen O'Neill & Son
(Address) 1900 Eutaw Place

25 1932 ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1932 to Oct 25, 1932

I last saw her alive on Oct 25, 1932 death is said to have occurred on the date stated above, at 3 05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (bronchial) with circulatory collapse	Oct 23, 1932
Other contributory causes of importance: Uremia (mild)	Oct 22, 1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Marion P Johnson M. D.
(Address) Womens Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83933 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83933

CERTIFICATE OF DEATH

Registered No. 163

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 13-54 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernst Huber, M.D.

(a) Residence: No. 2105 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ass. Profes or

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Anatomy-Hopkins Medical School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 5+

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Rael Huber

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dr. H.H. Schultz
(Address) Cecil Apartments

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Oct 21 1932

19. UNDERTAKER Arthur C. Mitchell & Son
(Address) 1644 Eastern Ave

Filed Oct 21 1932 Huntington Lippincott M.D.
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 9 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

Bichloride Mercury Poisoning

(Suicide)

Date of onset
1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph Haas Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83934

E 83934

CERTIFICATE OF DEATH

93-013

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Fairside Ave Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Lloyd

(a) Residence: No. 3902 Fairside Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	D

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca A. Lloyd

6. DATE OF BIRTH (month, day, year) Mar 1 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Moore

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Angeline Forsythe

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Rebecca A. Lloyd
(Address) 3902 Fairside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Oct 26 1932

19. UNDERTAKER John C. Fuller
(Address) 2455 E. Oliver St

Oct 25 1932 19... R. O. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-23 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Oct 23 1932

I last saw he alive on Oct 23 1932. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Oct 13 1932

Other contributory causes of importance:

Chronic Myocarditis	July 1932

Name of operation None Date of

What test confirmed diagnosis? Clinical Symptoms Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Charles E. Leach M. D.

(Address) 3214 Presbury St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 83935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

E 83935

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Wm Hoffmeister

(a) RESIDENCE NO. Garrison, Md. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lottie M. Hoffmeister

6 DATE OF BIRTH (month, day, and year) Nov 10th 1873

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	11	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Railroad Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer) Mechanical Dept

(c) Name of employer Penna R.R.

9 BIRTHPLACE (city or town) (State or country) Balto Co Md.

PARENTS

10 NAME OF FATHER Chas. Hoffmeister

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Tennoda

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records
(Address)

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 24, 1932

17 I HEREBY CERTIFY, That I attended deceased from 10-18, 1932, to 10-24, 1932, that I last saw him alive on 10-24 1932 and that death occurred, on the date stated above, at 9.39 p. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal Disease

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Bronchial

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. T. Crance, M. D.

, 19 (Address) Md. Gen. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Stone Chapel Cemetary

DATE OF BURIAL 10/26/1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St.

Important. See instructions on back of certificate.

M. D. B. 1268-9

83936

HEALTH DEPARTMENT—CITY OF BALTIMORE

83936

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 118 Willard St., 20-69 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Metzdorff

(a) Residence: No. 118 Willard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE~~ of) Mary Metzdorff

6. DATE OF BIRTH (month, day, year) July 8th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Metzdorff

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Wheeler

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Mrs Wm Walsh

(Address) 118 E. Willard St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 10/26/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED ~~19~~ Oct 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1932 to Oct 24 1932

I last saw ~~him~~ alive on Oct 24 1932 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asenio Arteriosclerosis Cerebri Hemiplegia Endocarditis Senility	

Other contributory causes of importance: Pulmonary Edema

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Norbert G. Nitsch M. D.

(Address) 2151 Wilkens Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

25 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83937

CERTIFICATE OF DEATH

92-801 E 83937

1. PLACE OF DEATH — Rochambeau Apts #8 — Registered No. .....

CITY OF BALTIMORE: (No. Charles & Franklin St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 11 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth H. Beckett

(a) Residence: No. Charles & Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Warner M. Beckett

6. DATE OF BIRTH (month, day, year) Oct 10 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation Never

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME John Haines

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Mrs J. J. Kyle

(Address) Rochambeau Apts

18. BURIAL, CREMATION, OR REMOVAL Pal

Place Cleaker Road Cemetery 10/26 1932

19. UNDERTAKER Dom Work

(Address) 1219 St Paul St

25 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1932 to October 24, 1932

I last saw h[illegible] alive on Oct 24, 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Mitral Insufficiency with Hypertrophy — Date of onset

Other contributory causes of importance:

Hypertension

Name of operation None Date of Never

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify) —

(Signed) Frank A Vaccaro M. D.

(Address) 511-13 Medical & Chi Bldg Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83938

HEALTH DEPARTMENT—CITY OF BALTIMORE

83938

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-47 Ward)

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Smoheimer

(a) Residence: No. 1918 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (~~husband of~~ WIFE of) Henry S. Smoheimer

6. DATE OF BIRTH (month, day, year) June 9, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Gammer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Ann Bracher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Smoheimer (Address) 1918 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date 10/1/32 19

19. UNDERTAKER F. B. Wippert (Address) 1300 Eutaw Place

20. FILED 10/25/1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1932, to October 24, 1932

I last saw her alive on Oct 21, 1932. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	1932

Other contributory causes of importance:

Chronic Myocarditis	?

Name of operation None Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Stafford M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms. Indefinite or unknown causes are not sufficient. OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83939

E 83939

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH West Balto. General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 70-71 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? [redacted] yrs. mos. ds.

2. FULL NAME John E. Hanahan

(a) Residence: No. 524 Saunders Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susanna Mullen

6. DATE OF BIRTH (month, day, year): June 24th 1871

7. AGE: Years 61 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oyster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Thos Hanahan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs Helen Hanahan

(Address) 524 Saunders Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cem. Date Oct 26th 1932

19. UNDERTAKER: F. J. Wagner

(Address) 1850 N. Eden St.

25184 Huntington Ave, Registrar.

State CAUSE OF DEATH in plain English, so that any physician can understand it. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-23-32, 19, to 10-24, 1932

I last saw him alive on 10-24, 1932 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arteriosclerotic Cardio-vascular disease	
Other contributory causes of importance: Chronic alcoholism	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. Conner, M. D.

(Address) W B & A.

M. D. H. 1268-9

E 83940

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83940

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 McCulloh St., 13-59 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha E. Jones

(a) Residence: No. 2438 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) Oct. 14 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Washington Fields

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Cecelia Cooke

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mary L. Holmes
(Address) 2438 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 10/26/32

19. UNDERTAKER Wm. Geo. H. Gaither
(Address) 2438 McCulloh St
Huntingtown Village, N.Y.

25 1932

Registrar.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 23 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1932 to Oct 22 1932

I last saw h.. alive on Oct 22 1932 Death is said to have occurred on the date stated above, at 9.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 2

Other contributory causes of importance:

Chronic nephritis.

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. L. Hornstein M. D.

(Address) 733 Ausperth St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83941

CERTIFICATE OF DEATH

23 E 83941

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 4940 Eastern Ave St.) 26 37 Ward

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola ~~Counts~~ Wilson

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	separated

5a. If married, widowed, or divorced (or) WIFE of Robert Wilson

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Wilson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida Parker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Arbury Date Oct. 29, 1932

19. UNDERTAKER Frank H. Ford & Son
(Address) 1638 N. Edmondson Ave

DEC 26 1932 Huntington Williams, M.D.
(Date Received) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1932 to 10-22, 1932

I last saw h alive on 10-20, 1932 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 15, 32
Intestinal tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bennett A. Green M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms so that it may be properly classified. Indefinite or illogical terms of expression, such as "Heart Failure," "Exhaustion," "Old Age," "Senility," "Infirmities of Age," "Natural Causes," "Cancer," "Tumor," "Abscess," "Childbirth," "Pregnancy," "Abortion," "Convulsions," "Hemorrhage," "Septicemia," "Blood Poisoning," "Uremia," "Meningitis," "Pneumonia," "Bronchitis," "Asthma," "Hernia," "Appendicitis," "Colitis," "Enteritis," "Diarrhea," "Dysentery," "Hepatitis," "Jaundice," "Nephritis," "Bright's Disease," "Cystitis," "Prostatitis," "Arthritis," "Rheumatism," "Paralysis," "Epilepsy," "Apoplexy," "Cerebral Hemorrhage," "Cerebral Embolism," "Cerebral Thrombosis," "Locomotor Ataxia," "Dementia," "Insanity," "Delirium," "Coma

M. D. B. 1268-9

E 83942 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83942

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Wilkens Ave. St. 70-7 Ward?

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gordon F. Heron

(a) Residence: No. 2127 Wilkens Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maud I. Heron (nee Akins)

6. DATE OF BIRTH (month, day, year) Nov. 18, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationery Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME James G. Heron

14. BIRTHPLACE (city or town) (State or country) Erie Pa.

MOTHER

15. MAIDEN NAME Martha Clark

16. BIRTHPLACE (city or town) (State or country) Ky.

17. INFORMANT Mrs. Gordon F. Heron (Address) 2127 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Sept. 27, 19 32

19. UNDERTAKER (Address) 4101 Edmondson Ave.

OCT 26 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/24, 32 to 10/24, 32

I last saw h. alive on 10/24, 19 32 Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	6/24/32

Other contributory causes of importance:

Acute cardiac dilatation	1 day

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Muller M. D.

(Address) 2030 Wilkens Ave

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83943 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83943

CERTIFICATE OF DEATH

V 46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hosp St., 4-26 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Mr Samuel Levin

(a) Residence: No. 709 N. Fayett St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Belle Levin

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leha

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Louis Levin - Son
(Address) 2616 Vernon Ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Friendly Cemetery Date 10-26 1932

19. UNDERTAKER Jack Faus & Sons
(Address) 1539 E Balto St.

20. FILED OCT 2 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-9- 1932 to 10-25- 1932

I last saw him alive on 10-25- 1932. Death is said to have occurred on the date stated above, at 6.50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & metastasis	3 months 5 wks
Other contributory causes of importance: Secondary Anemia	5 wks

Name of operation none Date of ~~operation~~

What test confirmed diagnosis? No Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Richard C. Cumming M. D.

(Address) The Church Home and Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 83944

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83944

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4611 Harford Rd 27-44 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Burns

(a) Residence: No. 4611 Harford Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Burns

6. DATE OF BIRTH (month, day, year) Aug 6-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Detroit Michigan

FATHER

13. NAME Peter LaLatte

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Sarah Davis

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary M. Hemmeter

(Address) 4611 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross (Cem) Date 10/27, 1932

19. UNDERTAKER Leonard J. Buck

(Address) 5306 Harford Rd

(Signed) Huntington Williams

(Title) ..... 19 .....

OCT 26 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/19/32, 19..., to 10/24/32, 19...

I last saw her alive on 10/24/32 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Conrad Smith, M. D.

(Address) 4708 Harford Rd

10/25/32

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Leave no blanks. If OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83945 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 108 E 83945

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St. ... (Ward) 8th

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Brooks.

(a) Residence: No. 1619 E. Lanvale St. Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6 mos		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 0
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER
13. NAME George Brooks
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Anna Smith
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George Brooks
(Address) 1723 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 26th 1932

19. UNDERTAKER Leo J. Cook
(Address) 1723 N. Patterson Park Ave

20. FILED OCT 26 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1932 to Oct. 25 1932
I last saw her alive on Oct. 25 1932 Death is said to have occurred on the date stated above, at 6 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Oct. 7th.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) David Stanford Claymans M. D.
(Address) Bonair Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83946

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1744 N. Caulbourn St. (Ward) 15-21

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Edmondson

(a) Residence: No. 1744 N. Caulbourn Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cleveland Edmondson

6. DATE OF BIRTH (month, day, year) Dec 15-1886

7. AGE: Years 45 | Months 10 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Henry Browney

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Cleveland Edmondson

(Address) 1744 N. Caulbourn

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Oct 26th 1932

19. UNDERTAKER Unintelligible Williams

(Address) Unintelligible Huntington Williams, Registrar.

20. FILED ... 19...

OCT 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Consulting

saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis

Sudden

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. Louis Bonn M. D.

Coroner

(Address) ...

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

AACo. 5-31 2508

E 83947 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83947

CERTIFICATE OF DEATH

v 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Northway - First 12th 49 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 8 mos. 25 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Kloppel

(a) Residence: No. 406 Northway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Henry Kloppel

6. DATE OF BIRTH (month, day, year) Jan 30th 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Martin Berger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Stamm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Edward H. Kloppel 406 Northway

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date 10/27/32

19. UNDERTAKER (Address) Geo. Wehrs Sons 2503 Edmondson Ave

20. FILED OCT 26 1932 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1932, to Oct 25 1932

I last saw h er alive on Oct 25 1932 death is said to have occurred on the date stated above, at 5.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	

Other contributory causes of importance:

Mastatic Cancer of the lungs

Name of operation Removal of Breast Date of June 1931

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harvey S Beach, M. D.

(Address) St Paul & 23d Sts

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83948

CERTIFICATE OF DEATH

V 106-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3821 Garrison Blvd St., 15-63 Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julius Margolis

(a) Residence: No. 3821 Garrison Blvd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hinda

6. DATE OF BIRTH (month, day, year) March 10, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isidor Margolis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hyman J. Margolis

(Address) 3821 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL. Place Filth Cemetery Date Oct 26, 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1637 E Balto St

FILED OCT 26 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 26, 1932

I last saw h[illegible] alive on Oct 24, 1932. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobular	1931
Other contributory causes of importance: Arteriosclerosis	1931

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) 3821 Garrison Blvd

State CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83949 HEALTH DEPARTMENT—CITY OF BALTIMORE 83949

CERTIFICATE OF DEATH

Registered No. 83949

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 287 W. 31st. St. St., 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Kaiser

(a) Residence: No. 287 W. 31st. St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah M. Kaiser

6. DATE OF BIRTH (month, day, year) April 25th. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highways Eng. Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Kaiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary C. Burrow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Sarah M. Kaiser
(Address) 287 W. 31st. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Oct. 28th 19 32

19. UNDERTAKER Chas. F. Traul & Son
(Address) 118 W. Mt. Royal Ave

20. FILED OCT 26 1932 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25th. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10 1932 to Oct 25 1932

I last saw h[illegible] alive on Oct 25 1932 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Today
Other contributory causes of importance: Carcinoma of Liver.	[illegible]

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. A. Thelander M. D.

(Address) 113 W. Monument St.

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

Spec. 1-10-21—M&T—1500 Blks

E 83950

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83950

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 S Durham St 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Louisa Cooper

(a) RESIDENCE NO. 223 S Durham ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced (or) WIFE of Chas Cooper

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	approx 55	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Whittmore Talbot Co.

PARENTS

10 NAME OF FATHER Peter Henson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Talbot Co

12 MAIDEN NAME OF MOTHER Louisa Colvell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Talbot Co

14 Informant Thomas Cooper son (Address) 223 S Durham St.

15 Filed OCT 26 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25 1932

17

I HEREBY CERTIFY, That I attended deceased from May, 1932, to Oct 25, 1932,

that I last saw h alive on Oct 25, 1932,

and that death occurred, on the date stated above, at 3 05 A. m.

The CAUSE OF DEATH* was as follows:

Phthisis

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Subacute Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R J Young, M. D.

10/26 1932 (Address) 1429 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

UNDERTAKER Theodore C. White

DATE OF BURIAL Oct 28 1932

ADDRESS 113 S. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

M. D. H. 1269-9

83951 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 83951

E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Mt. Royal Terrace St. 13-54 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 0 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M. McGraw

(a) Residence: No. 2306 Mt. Royal Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edmund J. McGraw

6. DATE OF BIRTH (month, day, year) Oct. 4, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Peters

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Eva Guise

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Edmund J. McGraw
(Address) 2306 Mt. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 10/27 32

19. UNDERTAKER Henry A. Meyers & Son
(Address) 802 N. Gilmor St.

FILED OCT 26 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/29 1931 to 10/24 1932

I last saw h[illegible] alive on Oct 2 1932 Death is said to have occurred on the date stated above, at 1020 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension cardio-vascular renal disease	1900?
Other contributory causes of importance: Arteriosclerosis - generalized	
Myocarditis - chronic	

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. E. Stacy Jr. M. D.

(Address) 6012 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83952

CERTIFICATE OF DEATH

E 83952

REGISTERED NO. 93-403

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 236 N. Carey ST. 19-26 WARD

2-FULL NAME Marie Prather

(a) RESIDENCE NO. 236 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6 DATE OF BIRTH (month, day, and year) ? ? 1892

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 031
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Harding

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER E. Brafton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Gladys Harding

(Address) 236 N. Carey St.

15 Filed ... 1932 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy N. Cromwell, M. D. Coroner

10/26, 1932 (Address) 263 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Auburn — DATE OF BURIAL 10/26 1932

20 UNDERTAKER Plumer Easton — ADDRESS 916 Po St

N.B. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give information in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—12-23-21—E.B.F.S.—400 Bks. Daisy Davis Jones

E 83953 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83953

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH

City of BALTIMORE: (No. 520 W. Conway St. Ward) 22-30

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME

(a) Residence No. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Single

5a-If married, widowed, or divorced, HUSBAND of (or) WIFE of March 14-1888

6-DATE OF BIRTH (month, day and year)

7-AGE, 44 yrs. — mos. — ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), md

PARENTS.

10-NAME OF FATHER Geo Dorsey

11-BIRTHPLACE OF FATHER (city or town) (State or Country), md

12-MAIDEN NAME OF MOTHER, Maggie Adams

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Md

14- (Informant) Helen H. Olmer

(Address) 520 W. Conway St

15- Filed OCT 26 1932 192 Registrar. Huntington Williams Agent & Embalmer

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Oct 22-1932

17- I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

that I last saw h... alive on ....., 19...,

and that death occurred, on the date stated above, at ...m.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....(Duration)...yrs...mos...ds

CONTRIBUTORY .....

(Secondary)

.....(Duration)...yrs...mos...ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) ....., M. D.

....., 19... (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL,	DATE OF BURIAL,
Mt Auburn Cemy	10-26-32
20-UNDERTAKER,	ADDRESS 916 Pine

should be carefully supplied. AGE should be stated. Entries must be made in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 83954 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 83954

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital — Registered No. 106

CITY OF BALTIMORE: (No. 1512 Fulmont St.) (Ward 20)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Beach

(a) Residence: No. 679 Josephine St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mack Howard

(Address) 679 Josephine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/27/32

19. UNDERTAKER Daniel Easton

(Address) 916 Penna Ave

PLACE Huntington Williamsport, Md.

OCT 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24/32

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1932 to 10/24 32

I last saw her alive on 10/24 1932 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1932
Bronchitis 2 days duration	

Other contributory causes of importance:

Poly Artic Rheumatism

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) J. M. Boykin M. D.

(Address) 1512 Fulmont

M. D. B. 1302

E 83955

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83955

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George H. Schmidt

(a) Residence: No. 1016 W. Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Schmidt

6. DATE OF BIRTH (month, day, year) Feb 28-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Boiler-maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ship Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. C. Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary E. Mosner

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. E. Schmidt

(Address) 1016 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 27 . 1932

19. UNDERTAKER J. Vernon Kiehner

(Address) 1632 Baltimore

OCT 26 1932 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Zielski ✓

5655

HEALTH DEPARTMENT CITY OF BALTIMORE

E 83956 — CERTIFICATE OF DEATH — E 83956

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-3 Ward) 13002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geraldine Zielski

(a) Residence: No. 733 S Hoven St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/10/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Philip Zielski

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen Wantowski

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date October 28 1932

19. UNDERTAKER M. P. Sadowski
(Address) 740 Eastern ave

FILED OCT 26 1932 1932 Huntington Williamson, Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct-8, 1932 to Oct-25, 1932

I last saw her alive on Oct-25, 1932 Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	10/6/32
Bronchopneumonia	10/19/32

Other contributory causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John B Lewis Huntington, M. D.

(Address) Johns Hopkins Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether from accident, suicide or homicide. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83957

83957

157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY. HEALY

(a) Residence: No. Johns Hopkins Hospital St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 20 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ..12.. hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME THOMAS. HEALY

14. BIRTHPLACE (city or town) (State or country) 413 BONSAL ST BALTIMORE. MARYLAND

MOTHER

15. MAIDEN NAME MARY. FLAHERTY

16. BIRTHPLACE (city or town) (State or country) 413 BONSAL ST BALTIMORE. MARYLAND

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Med College Date Oct 26 19 32

19. UNDERTAKER

(Address) Huntington Pittsburgh, Pa.

Oct 26 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 21 October 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1932 to Oct 21 1932

I last saw h[illegible] alive on Oct 21 1932. Death is said to have occurred on the date stated above, at 11 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart disease	10/20/32
Other contributory causes of importance: Prematurity (36 wks)	10/20/32

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

None If so, specify .....

(Signed) Dr. Paul D. Lietz M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83958 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83958

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Baltimore City Hospitals (Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Wilson

(a) Residence: No. 224 Bunketh Court Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	unknown			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 087

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Oct 26 1932

19. UNDERTAKER

(Address) Huntington Williams, Nat

Registrar

OCT 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932 to Oct 24 1932

I last saw him alive on Oct 24 1932 Death is said to have occurred on the date stated above, at 4.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism (Delirium Tremens)	
Other contributory causes of importance: Arteriosclerosis - general	?

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify ?

(Signed) Harry F. Dowling M. D.

(Address) Balto City Hosp

Information should be carefully supplied. Avoid use of terms so indefinite that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83959 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83959

CERTIFICATE OF DEATH

157-004 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Salvatore Loiacono

(a) Residence: No. 7 Walter Ave St. ..... Ward. Dundalk Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/6/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		18 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Salvatore Loiacono

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Baltimore Date 10/27/32 19

19. UNDERTAKER Geo J Ruth Inc
(Address) 1232 Gorsuch Ave Balto

10 26 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932 to Oct 25, 1932

I last saw him alive on Oct 25, 1932 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis	10/1
Shock	10/5

Other contributory causes of importance:

Name of operation Pyloric Resection Date of 10/25

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John H Washington M. D.

(Address) Johns Hopkins Hosp Balto.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83960

CERTIFICATE OF DEATH

97 E 83960

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Eutaw & Lanvale) St. 16-23 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hill

(a) Residence: No. 716 Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Schoolboy

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 17 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	12	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Charles Hill

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cora Williams

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Grace Hill
(Address) 716 N Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date Oct 27 1932

19. UNDERTAKER Stanley E Warfield
(Address) 700 N Carrollton Ave

Huntington Williams, N.P. Registrar.

OCT 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1931, to Oct 23, 1932

I last saw him alive on October 23, 1932. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac failure due to Rheumatic carditis with mitral stenosis and regurgitation	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) , M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83961 2.6.32.01

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 79-E 83961

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph Day

(a) Residence: No. Serena Pl. md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): 5/28/20

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: James Day

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Pearl Jackson

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Records (Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL: Wagner Funeral Home
Place: Woodlawn Cemetery Date: Oct 29, 1932

19. UNDERTAKER: Wm. H. D. Parker & Son
(Address) Baltimore Md.

Oct 26 1932 Huntington Wellington, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1932 to Oct 26, 1932

I last saw him alive on Oct 26, 1932. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	10-19-32
Upper Respiratory Infection	10-16-32
? Pneumonia	10-17-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward J. Nilan, M. D.

(Address) Johns Hopkins Hosp.

Information should be given by person best qualified to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

83962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83962

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4806 Belair Rd St.) (27-4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Anna Wermuth

(a) Residence: No. 4806 Belair Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wermuth

6. DATE OF BIRTH (month, day, year) Mar. 20. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Schaefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Mechlenia

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Fred Wermuth

(Address) 4806 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 10/29 19 32

19. UNDERTAKER Wm Groth

(Address) 1217 E Fayette St

20. FILED 19 Registrar.

10 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1930 to Oct 26, 1932

I last saw h[illegible] alive on Oct 26, 1932 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1930
Other contributory causes of importance: Acute dilatation of heart	1 day

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Alfred Thurnau M. D.

(Address) Medical Arts Building

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83963

CERTIFICATE OF DEATH

E 83963

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 18-29 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Dixon

(a) Residence: No. 17 S. Shroder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed,~~ or divorced HUSBAND of (or ~~WIFE of~~): Laura Dixon

6. DATE OF BIRTH (month, day, year) 4 2 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs Cristol Hall (Daughter)

(Address) 2836 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Oct 27 1932

19. UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St

Huntington Williams, N.P.

Registrar.

OCT 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address) 2731 Eutaw Pl.

Information should be carefully supplied, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

83964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83964

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 259 N. Schroeder St., 18-16 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Robinson

(a) Residence: No. 259 N. Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Henry Hollingsworth

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Ella

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Miss Maggie Jones

(Address) 215 N. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvery Date Oct 25th 1932

19. UNDERTAKER E. O. Wilson

(Address) 1000 Brantley Ave Hunting for Nathaniel, N.C.

20. FILED OCT 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Gwyn Toms M. D.

Coroner

(Address) 301 Peters Ave

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1768-a

E 83965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83965

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1147 Myrtle Ave) (Ward) 7-24

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur D. West

(a) Residence: No. 1147 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. If Single, Married, Widowed, or Divorced (Write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1880

7. AGE: Years 52 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: Wm H. West

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary J. Heath

16. BIRTHPLACE (city or town) (State or country): Del

17. INFORMANT: Mrs Georgiana Smythe
(Address) 1128 Bowerman St.

18. BURIAL, CREMATION, OR REMOVAL: Washington D.C. Oct 27 1932
Place Date

19. UNDERTAKER: Edward F Hemsley
(Address) 1128 N Bentalou St

20. FILED: OCT 27 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1932 to Oct 26 1932

I last saw h... alive on Oct 26 1932 Death is said to have occurred on the date stated above, at 12 15 p m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation
Aortic Insufficiency

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation: none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J Douglas Sheppard M. D.
(Address) 1263 myrtle ave

Information should be carefully supplied. Any blanks or omissions will delay the burial. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 83966

E 83966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 27-001

1. PLACE OF DEATH Balto City Hospitals — Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecilia Miller

(a) Residence: No. 419 N. Dallas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jemine Miller

6. DATE OF BIRTH (month, day, year): Unknown.

7. AGE: Years (?) 71; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dorchester Co. Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date Oct 27, 1932

19. UNDERTAKER: Mrs. Katie R. Williams

(Address) 322 Lafayette Ave, Huntington Station, N.Y.

OCT 27 1932 Huntington Station, N.Y.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1932 to 10-23, 1932

I last saw her alive on 10-23, 1932 Death is said to have occurred on the date stated above, at 12-A m.

The principal cause of death and related causes of importance were as follows:

(1) Chronic Myocarditis with Cardiac Hypertrophy — Date of onset: ?

(2) Tubercular Osteo myelitis Left Ankle — 1931

(3) Contusion Left Knee

Other contributory causes of importance:

Bronchopneumonia — 10-20 32

Name of operation: no Date of:

What test confirmed diagnosis? Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Wm. Royce Schaffer M. D.

(Address) Balto City Hospitals

information should be carefully supplied. Age should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

83967 — L. F. S.—500 Bks.

83967

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83967

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1427 Ensor St ST., 9-18 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas M. Kelly.

(a) RESIDENCE NO. 1427 Ensor St ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 10-11-5

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Martin J. Kelly

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Catherine Burke

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

14 Informant Catherine T Kelly
(Address) 1427 Ensor St

15 Filed OCT 27 1932 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 25-32

17 I HEREBY CERTIFY, That I attended deceased from April 25, 19 32, to Oct. 25, 19 32,
that I last saw h.. alive on Oct. 25, 19 32
and that death occurred, on the date stated above, at 8 30 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage 3 days
Hypertension 6 mo.

(duration) ..... yrs. ..... mns. ..... ds.

CONTRIBUTORY (Secondary) Chr. Parenchymatous Nephritis
(duration) ..... yrs. 2 mns. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Hematuria & Albumin

(Signed) Chas F A Sharpe, M. D.

, 19 (Address) 2278 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery — DATE OF BURIAL Oct 28 1932

20 UNDERTAKER Henry Hoen & Sons Inc — ADDRESS 1301 E Eager St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

E 83968

26593

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83968

CERTIFICATE OF DEATH

X V 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-4 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Huggins

(a) Residence: No. 5818 Wayne Ave St., Ward. Hyattsville Prince Georges Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar

6. DATE OF BIRTH (month, day, year) 10/13/06

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26	25		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Wm Riley

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Maud Bull

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10-27-32

19. UNDERTAKER Daniel Easton

(Address) 746 Pennsylvania Ave Huntington West Va.

20. FILED OCT 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1932 to Oct 26 1932

I last saw her alive on Oct 26 1932 Death is said to have occurred on the date stated above, at 7:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Ridgeway Trimble M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. Any blanks which state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Brodsky

HEALTH DEPARTMENT—CITY OF BALTIMORE

83969

83969

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 15-58 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 42 yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Brodsky

(a) Residence: No. 3803 Tarwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of M. Max

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Victor Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Leda

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Cem. Date 10-27, 1932

19. UNDERTAKER Jack Levin Inc
(Address) 430 E. Baltimore St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932 to October 25, 1932
I last saw her alive on October 25, 1932 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the pleura	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) A. B. Cohen, M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 28 1932

1-30—M. & T.—100 B—50L

83970

✓ E 83970

94-002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital ST. 70-69 WARD)

2-FULL NAME Christian Schlutter

(a) RESIDENCE NO 170 S. Caloverton Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret A Schlutter

6 DATE OF BIRTH (month, day, and year) Feb. 25 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	7	33	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist
(b) General nature of industry, business, or establishment in which employed (or employer) Piston Ring Factory
(c) Name of employer Md Piston Ring & Hammer Co

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Christian Schlutter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorothy Bans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Margaret Schlutter

(Address) 170 S Caloverton Rd

15 Filed OCT 27 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Thrombus of Coronary artery

(duration) Sudden yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteri-Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Taylor, M. D. Coroner

10-26-1932 (Address) 704 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery — DATE OF BURIAL Oct 28 1932

20 UNDERTAKER George L. Schwab — ADDRESS 1201 Eutaw Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83971

CERTIFICATE OF DEATH

83971

V 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William J Davis

(a) Residence: No. 931 Saratoga St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estella Davis

6. DATE OF BIRTH (month, day, year) June 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Davis

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Morris Davis

(Address) Winters Lane & Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 28 1932

19. UNDERTAKER Thomas E Boyle & Son

(Address) 1300 Eastern Ave

21. FILED OCT 27 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1932, to ... 19...

I last saw h... alive on Oct 1932. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	10/24/32
Other contributory causes of importance:	
Struck by automobile	10/24/32

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/24, 1932

Where did injury occur? Fremont & Vera St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury crossing Street.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pohoryles M. D. Coroner

(Address) 1106 E Madison St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-0

E 83972

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83972

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4940 Eastern ave. St., 16-23 Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosa Jones

(a) Residence: No. 817 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Felix Jones

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Robert Diggs

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cemetery Date Oct 28 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED 1932

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1932 to Oct. 24, 1932

I last saw her alive on Oct. 24 1932 Death is said to have occurred on the date stated above, at 7.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stein M. D.

(Address) Baltimore City Hospitals

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83973 ✓ 108 E 83973

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH 824 China St (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 824 China ST. 21-24 (WARD)

2—FULL NAME Farmer Jones.

(a) RESIDENCE NO. 824 China ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Mc Hayla Jones

6 DATE OF BIRTH (month, day, and year): Jan 19 1892

7 AGE: Years 40 | Months 9 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Staunton Va

PARENTS

10 NAME OF FATHER: James Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sallie Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Harry Jones

(Address): 1354 West Conway St

15 Filed: OCT 27 1932

Huntington H. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 24, 1932.

17 I HEREBY CERTIFY that I attended deceased from Oct 23 1932 to Oct 24 1932

that I last saw h[illegible] alive on Oct 24 1932

and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Toxemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical signs

(Signed) H. Goldsborough M. D.

, 19 (Address) 501 Custer Avenue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: Oct 28 1932

20 UNDERTAKER: Thomas E. Kelson.

ADDRESS: 1303 Preastman St

Information should be carefully supplied. AGE. Should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V11-001

83974

REGISTERED NO. E 83974

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

City of BALTIMORE: (No. 203 S Bethel St. St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Douglas

(a) RESIDENCE NO. 103 S. Bethel St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, ~~Married, Widowed~~, or Divorced. (write the word)
Male	Colored	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 1, 1898

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	34	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer, Stevedor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) South Carolina
(State or country)

PARENTS

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (City or town) South Carolina
(State or country)

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) S. Carolina
(State or country)

14 Informant Rena Scott (Address) 207 S. Ballast St

15 Filed . 19 Huntington Williams, Registrar

DEC 13 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 25 / 32 19

17 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1932 to Oct 25 / 1932

that I last saw h. alive on Oct 24, 1932

and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 2 yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) La Grippe

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? not known

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Richard W. Gadsden M. D.

. 19 (Address) 514 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Ashury Cemetery

Date of Burial Oct 27 1932

20 UNDERTAKER Randall J. Hagood

ADDRESS 301 S. Eutaw St

M. D. B. 1268-9

83975 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83975

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ingram Hall Apts. St., 7 Ward) 7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Schleisner

(a) Residence: No. Ingram Hall Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Schleisner

6. DATE OF BIRTH (month, day, year) July 18, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Samuel Hecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babbette Wolfsheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Moses Hecht

(Address) Park Heights Ave.

18. BURIAL, ~~CREMATION~~ OR REMOVAL

Place Balto. Hebrew Date Oct. 28 1932

19. UNDERTAKER David Sondheim & Sons

(Address) 1902 Eutaw Place

Huntington Ave.

FILED OCT 27 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18 1932 to Oct 26 1932

I last saw her alive on Oct 25 1932 Death is said to have occurred on the date stated above, at 4.46 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Oct 18 1932
Other contributory causes of importance:	
Arteriosclerosis	
Myocarditis	
Hypertension - Chronic nephritis	1918

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

N.B. (Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutaw Place

N. B.—WRITE PLAINLY, with unfading ink. All items must be answered or the word "unknown" or the abbreviation "unk." inserted. Underlined words should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 83976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83976

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST., 816 WARD)

2-FULL NAME John W. Dawson.

(a) RESIDENCE NO 1620 N. Gay St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. ---------- ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Matilda Dawson.

6 DATE OF BIRTH (month, day, and year) August 6, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	2	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Machinist.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

PARENTS

10 NAME OF FATHER John W. Dawson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mollie Deck.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Matilda Dawson. (wife)

(Address) 1620 N. Gay St.

Filed OCT 27 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 23, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fracture of the skull.
Occidentatl fall down stairway.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1282 William st. October 21, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Hoffmandt, M. D. Coroner

19 32 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

UNDERTAKER Margaret J. Flynn

DATE OF BURIAL Oct 27 1932

ADDRESS 1422 Light

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 83977

83977 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St., 27-49 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 10 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr Gordon Wilson

(a) Residence: No. 12 Whitfield Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Gordon Wilson

6. DATE OF BIRTH (month, day, year) Nov. 30, 1876.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
55	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year) 10-26-32

11. Total time (years) spent in this occupation 32 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

FATHER

13. NAME John A Wilson

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

MOTHER

15. MAIDEN NAME Ellen Gordon

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL St. Thomas Garrison Jarrett Date Oct 28 1932

19. UNDERTAKER Denny & Jenkins Sons
(Address) McCulloh & Orchard Sts

20. FILED OCT 29 1932 Hunter Stone Registrar. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 4.10 PM 10-26. 1932 to 4:30 PM 10-26. 1932

I last saw him alive on 10-26 . 1932 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Frank H Stephenson M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, with pen and ink. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. R. 1268-9

Heyman

83978

HEALTH DEPARTMENT—CITY OF BALTIMORE

83978

CERTIFICATE OF DEATH

V 82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N Exeter St. 5-8 Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Meyer Jacob Hyman

(a) Residence: No. 11 N Exeter St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leah.

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Julius Hirsh Hyman

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Machlo Tobenar

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Solomon Hyman

(Address) 3925 Seymour ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern ave Date Oct 27 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1124 E Balto st.

20. FILED OCT 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1932 to Oct 27th 1932.

I last saw him alive on Oct 27th 1932. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	
Pulmonary edema	

Other contributory causes of importance:

Hemiplegia
Hypertrophic prostate
Uremic manifestations

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~ 19.....

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify ~

(Signed) Morris A. Jaffe M. D.

(Address) 120 Aisquith st

M. D. B. 1268-9

E 83979

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83979

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1723 Sedgwick St. 25-72 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Valentine

(a) Residence: No. 1723 Sedgwick St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Valentine

6. DATE OF BIRTH (month, day, year) July 13 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Ehlers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lottie Spruce

(Address) 1723 Sedgwick St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 28, 1932

19. UNDERTAKER F. Vernon Kushner

(Address) 132 Baltimore St

20. FILED OCT 29 1932 Huntington Williamson, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932, to Oct 25 1932

I last saw h... alive on Oct 22, 1932. Death is said to have occurred on the date stated above, at 6-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	mo
Myocardial degeneration	mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Geo Postlethwaite M. D.

(Address) 1710 Mass Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83980 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83980

CERTIFICATE OF DEATH

V 82-001

Registered No. 26-39

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Esther Place St. Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothea Riser

(a) Residence: No. 3505 Esther Place St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D

6. DATE OF BIRTH (month, day, year) May 25 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Martinsburg
(State or country) W Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs Maud Sinton
(Address) 3505 Esther Place

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 29 . 1932

19. UNDERTAKER Vernon Kerfoot
(Address) [illegible]

20. FILED [illegible] (Signed) Thurston Williams, Reg
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/21/32 to 10/26 . 1932
I last saw h alive on 10/26 1932 Death is said to have occurred on the date stated above, at 11:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia due to Arteriosclerosis	10/26/32
Other contributory causes of importance: Pneumonia (septic type)	10/22/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh Leader M. D.

(Address) 632 E Fallis St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 83981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83981

CERTIFICATE OF DEATH

188

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST., 4-7 WARD)

2-FULL NAME George Costley

(a) RESIDENCE NO. Sykesville Md ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Costley

6 DATE OF BIRTH (month, day, and year) April 23 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farm
(c) Name of employer Amanda Costley

9 BIRTHPLACE (city or town) (State or country) Carroll Co Md

PARENTS

10 NAME OF FATHER John Costley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Sara Taylor

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Howard Co

14 Informant Amanda Costley

(Address) Sykesville Md

15 Filed ..... 193 .....

OCT 27 1932

Huntington Md Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Nephritis & Glomerulo-nephritis. Anuria & Uremia from Mumps accidental

(duration) ..... yrs. 1 mos 1/2 da.

CONTRIBUTORY (Secondary) Mumps Nephritis

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? Sykesville

Did an operation precede death? No Date of Oct 26 32

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) James M. Fenton M. D. Coroner

1027 1932 (Address) 701 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL White Rock Cemetery

DATE OF BURIAL Oct 29 1932

20 UNDERTAKER C. M. Watts

ADDRESS Reisterstown, Md.

Spec.—1-30—M. & T.—250 Bks.

E 83982

E 83982

HEALTH DEPARTMENT—CITY OF BALTIMORE

161-004

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N Streeper ST., 7-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Mateyka

(a) RESIDENCE NO. 711 N Streeper ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): ✓

5a If married, widowed, or divorced HUSBAND of or) WIFE of: ✓

6 DATE OF BIRTH (month, day, and year): Oct. 27-32

7 AGE — Years | Months | Days | If LESS than 1 day ... hrs. or ... min.: 6 hrs.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None - 0

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Bulgaria

PARENTS

10 NAME OF FATHER: Wm Mateyka

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bulgaria

12 MAIDEN NAME OF MOTHER: Anna Bebel

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bulgaria

14 Informant: Wm. Mateyka

(Address): 711 N Streeper St

15 Filed ... 19 ... Registrar

OCT 27 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct. 27/32

17

I HEREBY CERTIFY, That I attended deceased from 10-20-32, 19... to 10-27-32, 19...,

that I last saw him alive on 10-27-32, 19...,

and that death occurred, on the date stated above, at 5.40 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia Bilateral

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Otakar Nud. M. D.

(Address) 2214 E Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Hill

DATE OF BURIAL: Oct 27 19 32

20 UNDERTAKER: Geo M. Smith & Son

ADDRESS: 811 N Wolfe

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS BLANK REQUIRES ALL INFORMATION. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied. AGE is very important. See instructions on back of certificates.

E 83983

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83983

CERTIFICATE OF DEATH

82-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3607 Fait Ave St. 16-37 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gustav F. Tuchalka

(a) Residence: No. 3607 Fait Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara A. Tuchalka (nee Baumann)

6. DATE OF BIRTH (month, day, year) Mar 14, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66 yrs	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In Business for Self

10. Date deceased last worked at this occupation (month and year) about 7 yrs

11. Total time (years) spent in this occupation 4-3 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Tuchalka

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert H. Tuchalka
(Address) 3607 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date Oct. 29, 1932

19. UNDERTAKER John M. Kelly
(Address) Gwynns Falls & Pont St.

20. FILED OCT 27 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1932 to 10/25, 1932

I last saw him alive on 10/25, 1932 death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 day
Cerebral Thrombosis	7 mo.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. J. Wheeler M. D.

(Address) 1239 Fillmore St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M 4 34—100 B—50L

E 83984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

25-75

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital ST., WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Robert E. Lowry.

(a) **RESIDENCE** No 3570 Hanover St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Frances J. Lowry.

6 DATE OF BIRTH (month, day, and year) February 16, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work News paper stand.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER William O. Lowry.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Eleanore Benner.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Frances S. Lowry. (wife)

(Address) 1615 Riverside Ave.

15 Filed OCT 27 1932 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 25, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asthma.

Sclerosis of the Coronary Arteries.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 3590 Hanover St.

Did an operation precede death? October 25, 1932 Date of

Was there an autopsy? No.

What test confirmed diagnosis? No. Inquiry

(Signed) Otto Heinrad M. D. Coroner

10/27/32 19 (Address) 1019 E. Chartes St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. DATE OF BURIAL Oct 28th 1932

20 UNDERTAKER Leo S. Leech ADDRESS 1725 Pattk

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-9

83985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83985

127 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Miss Mary Neary

(a) Residence: No. 1800 East Fairmont St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan-16-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Neary Sr.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliz Mc Grogan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss M Neary
(Address) 1800 Fairmount

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 10/28/32

19. UNDERTAKER C. J. Tabor & Sons
(Address) 1618 Light St

Huntington Avenue, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-25- 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20th 1932 to October 25th 1932

I last saw h alive on Oct. 25th 1932 Death is said to have occurred on the date stated above, at 12.55 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Phlebosclerotic — Hypertensive Cerebro-Vascular Disease —	8-13-32

Other contributory causes of importance:

Toxemia — due to progressive Jaundice —	10/15/32

Name of operation Cholecystostomy Date of 9/28/32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify)

(Signed) C. F. Young M. D.

(Address) St. Agnes Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Each item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 27 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83986

CERTIFICATE OF DEATH

E 83986

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No.) Fayette (Street) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Edward Kershaw

(a) Residence: No. 832 Wayne Ave St., ... Ward. York, Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~wife~~ of Daisy Louise Kirshaw

6. DATE OF BIRTH (month, day, year) Feb 13-1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R

10. Date deceased last worked at this occupation (month and year) Sept 10-32

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME Edwin Kershaw

14. BIRTHPLACE (city or town) Balto Md (State or country)

MOTHER

15. MAIDEN NAME Daisy Trout

16. BIRTHPLACE (city or town) Penna (State or country)

17. INFORMANT A. Sleeger Son

(Address) York Pa

18. BURIAL, CREMATION, OR REMOVAL

Place York Vaud Date 10/29. 1932

19. UNDERTAKER William Cook

(Address) 129 E Paul St

20. Filed ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7. 1932 to Oct. 27. 1932

I last saw him alive on Oct. 27. 1932 Death is said to have occurred on the date stated above, at 5 09 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harry A. Schwartz, M. D.

(Address) Franklin Sq Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 27 1932

M. D. B. 1268-9

E 83987

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83987

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3424 Mondawmin Ave. St. 13-59 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA BARBARA FORNOFF

(a) Residence: No. 3424 Mondawmin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) Nov. 14, 1854

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Adam Fornoff

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Eva Koehler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Margaret Fornoff (sister)

(Address) 3424 Mondawmin Ave.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Cemetery October 1932
Place Date

19. UNDERTAKER Henry Sander & Sons. Inc. H. Sander
(Address) Baltimore St. & Broadway.

OCT 27 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932 to Oct. 25, 1932

I last saw her alive on Oct. 25, 1932 Death is said to have occurred on the date stated above, at 10.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Eugene L. Pessagno M. D.

(Address) 514 Drury Lane

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83988 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 83988

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Raspeburg Maternity Hospital St., 27-43 Ward) 15?

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Morfe

(a) Residence: No. 3028 Pinewood Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 26th, 1932

7. AGE Years	Months	Days	If LESS than 1 day, 3 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Joseph Daniel Morfe

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Agnes Kansas Fergusson

16. BIRTHPLACE (city or town) Welcome
(State or country) Chas. County, Md.

17. INFORMANT Mrs. Daniel Morfe
(Address) 3028 Pinewood Ave., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct. 27 19 32

19. UNDERTAKER Frederick Lonsdale Sons
(Address) 7421 Belair Road

20. Oct 30 19 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on October 26th, 19 32 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

Non-viable premature infant — Date of onset

No evidence or history of Lues.

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. L. Wilkinson, M. D.
A. L. Wilkinson,

(Address) 5713 Belair Rd., Balto., Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Typewriting should be used if possible. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 27 1932

M. D. H. 1268-9

M

83989 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83989

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Minnie Rachel Lazarus

(a) Residence: No. 506 Harwood Ave Towson. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edgar M. Lazarus

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Minnie Martucci

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Miss Isabel Lazarus

(Address) 506 Harwood Ave., Towson.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 28, 1932

19. UNDERTAKER H. Glenkeier & Co

(Address) Orleans St. & Collington Ave

Registrar.

OCT 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 . to , 19

I last saw h alive on injury 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. fractures both tibia's & fibula's.	10/26
Shock.	
Other contributory causes of importance:	
Struck by automobile	10/26.

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/26, 1932.

Where did injury occur? York Rd & Harwood Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while crossing York Rd on Harwood Ave

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

AE 83990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83990

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Kennedy Ave St., 9-16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Deckelmayer

(a) Residence: No. 1905 Kennedy Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress 69

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

FATHER

13. NAME Francis Deckelmayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Green

16. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

17. INFORMANT Mrs C Deckelmayer
(Address) 1905 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Chambersburg Pa Date Oct 29 1932

19. UNDERTAKER Mary M Wagstaff
(Address) 27 E 22nd St. Huntington Station, N.Y.

OCT 27 1932

Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932 to Oct 27 1932

I last saw her alive on Oct 26 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General weakness on account of her age.	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. M. Duncan, M. D.
(Address) ...

M. D. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr Paul Brown 1663 W. North Ave Lafayette 4045

M. D. B. 1208-9

HEALTH DEPARTMENT--CITY OF BALTIMORE

83991 E 83991

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1648 W. North Ave St., 45 Ward 1

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Barbara E. Johnson

(a) Residence: No. 1648 W. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 27 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Frank Johnson

6. DATE OF BIRTH (month, day, year) Mar 7th 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jacob Myers

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Martha Freeborne

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Mollie Myers

(Address) 1648 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 10/29/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27/1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 13- 1932 to Oct 27 1932

I last saw her alive on Oct. 25 1932 Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremia	2 days
Other contributory causes of importance: Chr. Interstitial Nephritis	1927
Chr. Myocarditis	1927

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Brown M. D.

(Address) 1663 W North Ave.

M. D. B. 1268-9

Dr Kolb 1203 Light at South 0080 ✓

E 83992 HEALTH DEPARTMENT—CITY OF BALTIMORE E 83992

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5215 Linden Heights Ave., W. Balto Co. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George L. Meyers

(a) Residence: No. 5215 Linden Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Florence Meyers

6. DATE OF BIRTH (month, day, year) Jan 22nd 1897

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
35	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME George Meyers

14. BIRTHPLACE (city or town) New York (State or country) N. Y.

MOTHER

15. MAIDEN NAME Rachel Breed

16. BIRTHPLACE (city or town) (State or country) District of Columbia

17. INFORMANT Florence Meyers

(Address) 5215 Linden Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 10/29/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ~~Hunter Williams~~ Registrar.

OCT 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 32, 19 to Oct 26 32, 19

I last saw him alive on Oct 26 32, 19 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 15 32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Sputum Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John B Kolb M. D.

(Address) 1203 Light Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83993

CERTIFICATE OF DEATH

E 83993

1. PLACE OF DEATH 724 W. Fayette St. 94-001 Registered No.

CITY OF BALTIMORE: (No. ... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 69 yrs. 11 mos. 12 ds.

2. FULL NAME Percy Lee Pyles

(a) Residence: No. 724 W. Fayette St., ... Ward. Resident.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Nov-15-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Street Car Company

10. Date deceased last worked at this occupation (month and year): Sept 15 1932

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Maryland Baltimore Md

FATHER

13. NAME: Richard Thomas Pyles

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Frances Ellen Hawkins

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Lotta V. Pyles

(Address): Monterey Apt.

18. BURIAL, CREMATION, OR REMOVAL

Place: Monocacy-Beallsville Md. Date: ... 19...

19. UNDERTAKER: Stewart Mun & Co.

(Address): Baltimore

20. FILED: OCT 27 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17th 1932 to October 27th 1932

I last saw him alive on Oct 27th 1932 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Angina pectoris	1932
Coronary thrombosis	1932

Other contributory causes of importance: None

Name of operation: None Date of: —

What test confirmed diagnosis? Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) Mary E. Pyles M. D.

(Address) 104 W. Hamilton St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 83994 HEALTH DEPARTMENT—CITY OF BALTIMORE 83994

CERTIFICATE OF DEATH

82-004

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 4322 Roland Court St. 13-52 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 9 mos. 4 ds. How long in U. S. If of foreign birth 69 yrs. 9 mos. 4 ds.

2. FULL NAME Virginia Lee Ditch

(a) Residence: No. 4322 Roland Court St., Ward. Resident.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. Smith Ditch

6. DATE OF BIRTH (month, day, year) Jan 22 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1932 | 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George F. Walker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah Webb

16. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

17. INFORMANT Mr. Harry Walker (Son)
(Address) 4322 Roland Court.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 29. 1932

19. UNDERTAKER Sherwood Morton Co
(Address) Baltimore Md

OCT 27 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10. 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1932 to Oct 26 1932

I last saw her alive on Oct. 26 1932 Death is said to have occurred on the date stated above, at 6.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia, Right.	10.1.32
Other contributory causes of importance: Arterio-Sclerosis	12-6-29.

Name of operation ..... Date of .....

What test confirmed diagnosis? B.P. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Hunter C. Clarke M. D.

(Address) 2 at Lake apts. Charlesmead St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

83995

HEALTH DEPARTMENT—CITY OF BALTIMORE

83995

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Moyer Street 6-10 WARD)

2. FULL NAME Petronela . Wroblewski

(a) RESIDENCE NO. 2113 Moyer Street ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How Long in U. S., if of foreign birth? 21 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Frank . Wroblewski

6 DATE OF BIRTH (month, day, and year) 1894

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Theodore . Ciszewicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mr. Frank . Wroblewski Husband
(Address) 2113 Moyer Street

15 OCT 27 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26-1932

17

I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1931, to Oct. 26, 1932

that I last saw her alive on Oct. 26, 1932

and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hypertension-Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.S. & S.

(Signed) John V. Bezerbicki M. D.

. 19 (Address) 1802 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cem. DATE OF BURIAL: Oct. 29 1932

20 UNDERTAKER: John M. Weber ADDRESS: 401 S. Chester St.

M. D. B. 1268-0

E 83996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 83996

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 E. 21st St. 9-46 Ward)

Length of residence in city or town where death occurred 82 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Ferguson

(a) Residence: No. 728 E. 21st St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Rev. Wm M. Ferguson

6. DATE OF BIRTH (month, day, year) July 31st 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Wm Coggins

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Clara R. Ferguson

(Address) 728 E. 21st st

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/29/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

OCT 27 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932 to Oct 26th, 1932

I last saw h.er alive on Oct 26, 1932 Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insuff.	

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A C Monninger, M. D.

(Address) 800 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

83997

CERTIFICATE OF DEATH

131 E 83997

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 515 Rossiter Ave) (Ward) 7-45

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maude I. Hitchcock Mepham

(a) Residence: No. 515 Rossiter Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Leonard R. Mepham

6. DATE OF BIRTH (month, day, year) Feb 3rd 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
55	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Joseph K. Hitchcock

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Sallie M. Shock

16. BIRTHPLACE (city or town) Glencoe (State or country) Balto Co Md.

17. INFORMANT Leonard R Mepham

(Address) 515 Rossiter Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/29 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Oct 27 1932 Hunting Jr Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1 1926 to Oct 26 1932

I last saw h.e alive on Oct 26 1932. Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intermalum - Joint Involvement	1924
Chr Myocarditis	1924
Chr Interstitial Nephritis	1924
Other contributory causes of importance:	
Chronic Cardiac Decompensation	Oct 26

Name of operation L Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? L Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury L

Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. W. Brashear, M. D.

(Address) 201 Sheridan Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

CT 27 1932

M. D. H. 1933

E 83998

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 83998

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 17-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stanley Faison

(a) Residence: No. 1919 Maryland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Faison

6. DATE OF BIRTH (month, day, year) May 15-

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Seaboard, N. C.

FATHER

13. NAME Louis Faison

14. BIRTHPLACE (city or town) (State or country) Margaretsville N. C.

MOTHER

15. MAIDEN NAME Sudie Lane

16. BIRTHPLACE (city or town) (State or country) Seaboard N. C.

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 10/29, 1932

19. UNDERTAKER Virginia E. Brooks
(Address) 1463 N. Eutaw St

20. FILED OCT 28 1932 Huntington Frederick Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1932 to 10-25, 1932

I last saw him alive on 10-25, 1932 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-18-32
Other contributory causes of importance: Acute Myocarditis ~~Tobacco~~	9-17-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

10-28-32 (Signed) Elmer Hitchcock, M. D.

(Address) Balto. City Hospitals

1-30—M. & S. 100 B—50L

B 83999

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 83999

CERTIFICATE OF DEATH

207

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Eastern Ave. & B&ORR ST. 26-37 WARD

2-FULL NAME Carl Renstrom

(a) RESIDENCE NO 632 Lehigh ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 5 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 23 1916

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	10	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Manson Pa.

PARENTS

10 NAME OF FATHER Charles Renstrom

11 BIRTHPLACE OF FATHER (city or town) (State or country) Finland

12 MAIDEN NAME OF MOTHER Selma Koski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Finland

14 Informant George Renstrom (brother)

(Address) 632 S. Lehigh St.

15 Filed OCT 28 1932, 19.. Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Procured Peace

Accidentally struck by Freight Car on Railroad

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Ext. Clin

(Signed) B. P. Herzog M. D., M. D. Coroner

, 19 (Address) 3033 Allendale Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Pauls Cem.

DATE OF BURIAL Oct 28 1932

20 UNDERTAKER Martin W. E. Dippel Inc

ADDRESS 37 Lamb

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 84000

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84000

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 S. Caroline St., B-4 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 11 yrs. mos. ds.

2. FULL NAME Jacob Jacobs

(a) Residence: No. 210 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Mar.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecelia Jacobs

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tanner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morton Jacobs

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Bloomie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Phillip Jacobs

(Address) 210 S. Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Date 10-28-32, 19

Riverdale

19. UNDERTAKER Levi Levin Sons

(Address) 1417 E. Baltimore St

OCT 28 1932

19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, M

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to Oct. 28 1932

I last saw him alive on Oct. 18 1932. Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	Dead
Arterio-Sclerosis	Years
Chronic Diarrhoea	
Other contributory causes of importance:	
Prolapse of rectum	1yr

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. F. Rice, M. D.

(Address) 24 E. Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 84001

M. D. B. 1268-9

E 8400 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. (or Ward) 15-3

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 33 yrs. ... mos. ... ds.

2. FULL NAME Sanders Satotzky

(a) Residence: No. 2044 Walbrook St. or Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)			
7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Belle Ruth
(Address) 2044 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Date 10-28-32 19..
Place Mt. Carmel Cem.

19. UNDERTAKER Cap Levin Bros
(Address) 1422 E. Baltimore St.

GEO. H. ... 19.. Registrar.

OCT 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1932 to Oct 27, 1932

I last saw him alive on Oct 27, 1932. Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset (Oct 27 32)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Cohen M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84002

E 84002 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH BALDEN APARTMENTS

CITY OF BALTIMORE: (No. LAKEVIEW AVE. & LAKE DRIVE St., 13-59 Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mirdus Balden

(a) Residence: No. Lakeview Ave - Lake Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Balden

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Louis Lehman

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Rachel —

16. BIRTHPLACE (city or town) (State or country) Austria (Czech)

17. INFORMANT Charles Balden (Son)
(Address) 535 Whitelock St

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Cemet Date 10-28- 1931

19. UNDERTAKER Jack Levin, Inc.
(Address) 1424 E. Baltimore St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27. 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1931 to Oct 27 1931

I last saw her alive on Oct 27 1931 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Odema of Lungs	2 days
Other contributory causes of importance: Carcinoma of Uterus	2 yrs

Name of operation Radium therapy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. L. Lichtenberg M. D.

(Address) 22 W Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

84003 E 84003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Simms

(a) Residence: No. 1372 Whatcoat St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co., Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Marian Cook (Address) 1372 Whatcoat St

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cemetery Date Oct 29, 1932

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Presstman St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 , to , 19 ; I last saw h alive on Injury, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Ruptured small Intestine
Peritonitis

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Laparotomy Date of 10/24/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/24, 1932

Where did injury occur? 1200 Brentwood Ave (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Street accident

Manner of injury Squeezed between two

Nature of injury auto trucks at 1200 Brentwood Ave

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Monument St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Death 3-120

AACo. 5-11 250B

E 84004

E 84004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 - E. Fayette St. 6-10 Ward)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 8 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Philip Henrig

(a) Residence: No. 2524 E. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie C. Henrig - nee Vickers

6. DATE OF BIRTH (month, day, year) July 18th 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Express Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME John Philip Henrig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Stenzley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie C. Henrig

(Address) 2524 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/29/ 1932

19. UNDERTAKER Hoye Mortuary

(Address) 2503 Edmondson Ave

Huntington Hathaway, N.J.

OCT 28 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 28th, 1932, to Oct-26th, 1932

I last saw h[illegible] alive on Oct-26th 1932 death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 10th
with Hemiplegia "Right"	"

Other contributory causes of importance:

arteriosclerosis	1922

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eugene Douglas, M. D.

(Address) 3043 St Paul St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84005

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84005

CERTIFICATE OF DEATH

93-004

Registered No. 27-004

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4807 Pilgrim Rd. St.; 27 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Channing Alexander

(a) Residence: No. 4807 Pilgrim Rd. St., Hamilton Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Maria Alexander

6. DATE OF BIRTH (month, day, year) Dec. 31, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: B & O R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Passenger Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co. Pa.

FATHER

13. NAME Christian T. Alexander

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Abbigail Wilson

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Jennie M. Alexander

(Address) 4807 Pilgrim Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Wilmington Del. Date Oct. 30 1932

19. UNDERTAKER Wm. Tackyer & Sons

(Address) Brooks & Reynes. Huntington Williams, W. Va.

FILED OCT 28 1932 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

last saw h alive on . 19 Death is said to have occurred on the date stated above, at about 9 A. M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Arteriosclerosis — ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Owens Coroner. M. D.

(Address) 108 E. Preston

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 84006 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84006

CERTIFICATE OF DEATH

93-104

Registered No. 6-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Mulliken St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lydia Main

(a) Residence: No. 1524 Mulliken St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Main

6. DATE OF BIRTH (month, day, year) Apr 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sussex Co., Va

FATHER

13. NAME Albert Clemmons

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nancy Hines

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Frank Main
(Address) 1303 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Petersburg Va Date Oct 28, 1932

19. UNDERTAKER Edw. Bryan
(Address) 169 Glenwood St Huntington Williams, W. Va.

20. FILED 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27/32. 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at About 2 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Probably Acute Indigestion	10/27

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Coe M. D.
Coroner

(Address) Coe & Coe

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84007

CERTIFICATE OF DEATH

131 V

Registered No. 26-39

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 N. Kresson St. Ward)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Harriett Ella McCarthy

(a) Residence: No. 116 N. Kresson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married.

5a. If married, widowed, or divorced (or) WIFE of Justin H. McCarthy

6. DATE OF BIRTH (month, day, year) November 2-1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	24 da.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 5 2/12

12. BIRTHPLACE (city or town) (State or country) Rising Sun Maryland.

FATHER

13. NAME Daniel K. Hewett.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Fannie Hammett.

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Justin H. McCarthy. (Address) 116 N. Kresson St.

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cemetery Date Oct 29, 1932

19. UNDERTAKER Pennycuffe and Lobin E. Dorsey (Address) 715 Light St.

20. [illegible] Huntington Ave. Baltimore Md. Registrar.

OCT 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26-1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18- 1932 to October 26- 1932

I last saw her alive on October 26, 1932 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	unknown

Other contributory causes of importance:

Organic Heart Disease	unknown

Name of operation none Date of —

What test confirmed diagnosis? B.S. & urinalysis Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

E 84008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84008

CERTIFICATE OF DEATH

59

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3738 Manchester ave ST 27-56 WARD)

2-FULL NAME Lavania Copper Jones

(a) RESIDENCE NO. 3738 Manchester ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles P. Jones

6 DATE OF BIRTH (month, day, and year) Jan 29-1889

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	8	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Westminster
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Slicher

11 BIRTHPLACE OF FATHER (city or town) Westminster
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Hester Croft

13 BIRTHPLACE OF MOTHER (city or town) Westminster
(State or country) Maryland

14 Informant Charles P. Jones
(Address) 3738 Manchester ave

15 Filed OCT 28 1932, 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28, 1932

17
I HEREBY CERTIFY, That I attended deceased from
Aug 10, 19 32, to Oct 27, 19 32
that I last saw her alive on Oct 27, 19 32
and that death occurred, on the date stated above, at 1:00 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

about 3 months
(duration) yrs. mos. ds.

CONTRIBUTORY diabetes mellitus
(Secondary) from history about 5 years
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical & chemical

(Signed) Walter Tuttle M. D.

19 (Address) 2220 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster (Krider's)

DATE OF BURIAL Oct 31 1932

20 UNDERTAKER H. H. Bankard & Son

ADDRESS Westminster Md

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AACo. 5-31 2108

E 84009

HEALTH DEPARTMENT—CITY OF BALTIMORE 84009

CERTIFICATE OF DEATH

34 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Ham Hospital St. 18-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 9 mos. 21 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Calvin Bailey

(a) Residence: No. 209 No Arlington Ave, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Jan. 5, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME James Bailey

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Tilly

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT James Bailey
(Address) 209 No Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date Oct 26, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S. Schroeder Ste Huntington Williams N.D.

CT 2 8 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1932, to Oct 26, 1932

I last saw him alive on Oct 26, 1932 death is said to have occurred on the date stated above, at 7.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic Meningitis	10/18/32

Other contributory causes of importance:

Congenital Lues	Life

Name of operation none Date of .....

What test confirmed diagnosis Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Peter Meranchik M. D.

(Address) Lyden Ham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84010

CERTIFICATE OF DEATH

E 84010

Registered No. 87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 S. Highland Ave. St., 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas DeVaughn

(a) Residence: No. 115 S. Highland Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Mary DeVaughn

6. DATE OF BIRTH (month, day, year) Aug. 7-1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Silas DeVaughn

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Miss Anna DeVaughn
(Address) 115 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Oct. 30. 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

OCT 28 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Chronic Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

Information sought is strictly confidential. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84011

84011 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5505 Morello Road St. 27-43 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Rosendorn

(a) Residence: No. 5505 Morello Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Feb. 9, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Francis Rosendorn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Anna Rosendorn 5505 Morello Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct 31, 1932

19. UNDERTAKER (Address) Geo. W. Zirkler 1737 E. Eager St.

20. FILED Oct 28 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932 to Oct 27, 1932

I last saw h.im alive on Oct 27, 1932 Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset a number 7 years

Other contributory causes of importance:

Arteris Sclerosis — many years.

Name of operation none Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ✓

(Signed) Morris B. Green, M. D.

(Address) 5543 Harford Rd Hamilton Baltimore, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84012 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84012

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 16-13

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Williams

(a) Residence: No. 1419 E. Eager st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Williams

6. DATE OF BIRTH (month, day, year) Dec. 10, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Bowden North Carolina

FATHER

13. NAME Owington Moore

14. BIRTHPLACE (city or town) (State or country) Clinton North Carolina

MOTHER

15. MAIDEN NAME Ida Stevenson

16. BIRTHPLACE (city or town) (State or country) Bowden North Carolina

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cresly & Mc Date Oct 28, 1932

19. UNDERTAKER

(Address)

20. FILED Oct 28 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1932 to Oct. 25, 1932

I last saw her alive on Oct. 25, 1932. Death is said to have occurred on the date stated above, at 7.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify

(Signed) Bennett A. Stein, M. D.

(Address) Baltimore City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1264-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84013

CERTIFICATE OF DEATH

12/ E 84013

1. PLACE OF DEATH St Joe Hospital

CITY OF BALTIMORE: (No. 1400 N. Caroline St. 23-31 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Constance Mebe

(a) Residence: No. 114 N Fort Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Sngle

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/20/1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schol

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jhn H. Mebe

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Julia S. Hauer

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Jhn. Mebe (Father)
(Address) 114 N Fort Ave

18. BURIAL, CREMATION, OR REMOVAL,
Place Holy Cross (a a Co Md) Date Oct 29 1932

19. UNDERTAKER Jm F Gadsk
(Address) 705 Hanover St
Huntington Wstvgnia, W.Va

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1932 to Oct 27 1932

I last saw her alive on Oct 27 1932. Death is said to have occurred on the date stated above, at 6 45 m.

The principal cause of death and related causes of importance were as follows:

Intestinal obstruction
Gangrenic abscess

Date of onset

Other contributory causes of importance:

Peritonitis
Ruptured appendix

Name of operation? Appendectomy Date of Oct 14 1932

What test confirmed diagnosis? Surg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
...If so, specify ...

(Signed) F. F. Young M. D.

(Address) St Agnes Hosp

81932

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84014

CERTIFICATE OF DEATH

E 84014

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 E Lombard St., 26-3 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Elvie Hughes

(a) Residence: No. 3513 E Lombard St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elvie Hughes

6. DATE OF BIRTH (month, day, year) May 29 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trapper 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Hughes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Minch

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elvie Hughes
(Address) 3513 E Lombard

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Oct 29 1932

19. UNDERTAKER John Ulrich & Sons Funeral Home
(Address) Washington Blvd. & Fulton Ave.

Oct 29 1932 19 Registrar. A.B.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1932

22. I HEREBY CERTIFY, That I attended deceased from ____ 19__ to ____ 19__

I last saw h__ alive on ____ 19__ Death is said to have occurred on the date stated above, at 1:30 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute myocarditis	
Other contributory causes of importance:	
acute indigestion	

Name of operation ____ Date of ____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ____ 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J. Fayerweather M. D.
Coroner

(Address) 2037 Eutaw Pl.

28 1932

M. D. H. 1268-9

M V

E 84015 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84015

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., Ward 307

Registered No. E 84015

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 25 . 19 32

19. UNDERTAKER

(Address) 2-8-1932 75.50

20. FILED ... Registrar. 10/26/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by B & O train	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Injury 10/16 . 19 32

Where did Injury occur? Mt. Royal Station

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury Struck by B & O train

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Address ... Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

M V

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84016

CERTIFICATE OF DEATH

E 84016

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. (or Ward) 4th

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Scott

(a) Residence: No. 1531 Shields Alley St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 18, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Frederick Scott Sr.
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Laura Frisby
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Jane Shorter
(Address) 2200 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 28, 1932

19. UNDERTAKER Commissioner Health.
(Address) Washington D.C.

Oct 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 , to , 19 .....
I last saw h alive on Injury 19 Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	10/4/32
Other contributory causes of importance:	
Struck by automobile	10/4/32

Name of operation none Date of .....
What test confirmed diagnosis? We Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/4 1932
Where did injury occur? Mo. Ave & Shields Alley
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident.
Manner of injury Ran into side of
Nature of injury wrong automobile.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jane Shorter Coroner M. D.
(Address) 2200 E Madison St

AACo. 5-31 250B

E 84017 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84017

CERTIFICATE OF DEATH

92-001 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Holbrook St., 9-18 (Ward)

Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Julia A. Lannon

(a) Residence: No. 1410 Holbrook St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John D. Lannon

6. DATE OF BIRTH (month, day, year) April 4, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68 yrs	6 mo	23 ds	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick D. Mullin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Nat Hmann

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Frank Lannon
(Address) 1410 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Cathedral Cemetery Date Oct 31, 1932

19. UNDERTAKER Elmer W Conkling
(Address) 924 E. Eager St

28 Oct 1932 Hunting ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1932

I HEREBY CERTIFY, That I attended deceased from July 28, 1928 to Oct 26, 1932

I last saw h alive on Oct 26 1932 death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	1 a
Other contributory causes of importance: Chronic Nephritis	Oct 25/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Typical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Norris M. D.

(Address) 3136 Eastwood Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. D. B. 1268-9

E 84018

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84018

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 3-4 Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Sikaniak

(a) Residence: No. 800 S Dallas St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Sikaniak

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Tom Sikaniak

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Anna Sikaniak
(Address) 800 S Dallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 29, 1932

19. UNDERTAKER Frank Brockson
(Address) 1806 Eastwood Ave Huntingdon Pennsylvania, Pa

Registrar.

2 81532

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset ...

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. Nerz - M. D.
Coroner

(Address) 1303 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84019

E 84019

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals St., 26-27 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Fraelber

(a) Residence: No. 6322 Hudson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Fraelber

6. DATE OF BIRTH (month, day, year) April 20, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg, Pa.

FATHER

13. NAME John Kinney

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Kamp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Katherine Fraber

(Address) 6322 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place Morgantown W Va Date Oct 29 1932

19. UNDERTAKER Leo G. Cook

(Address) 1723 N. Patterson Park Ave

2 8 1932 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from injury 19 to 19

I last saw h alive on injury 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left femur	
Osteitis Fibrosus	
Broncho Pneumonia	10/29/32

Other contributory causes of importance:

Struck by automobile

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/7 1932

Where did injury occur? Dundalk + Fait Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury crossing street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M.D. M.D.
Coroner

(Address) 2200 E Madison St

M. D. B. 1268-9

84020

HEALTH DEPARTMENT—CITY OF BALTIMORE 84020

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2334 N. Calvert St. 12-50 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Fisher Babendrier

(a) Residence: No. 2334 N. Calvert St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Babendrier

6. DATE OF BIRTH (month, day, year) Nov. 16, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Emil Fisher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Praeger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Alex. VonNitzel

(Address) 2334 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 29. 32

19. UNDERTAKER Wm. A. Rudolph's Sons

(Address) N. Eden Eager Sts.

20. FILED Huntington Avenue, Baltimore, Md.
Registrar.

2 81932 # R. C. Pk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 32. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1932, to Oct 27, 1932

I last saw h SR alive on Oct. 27, 1932 Death is said to have occurred on the date stated above, at 10.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925?
Hypertension	
Chr Myocarditis	1930?
Myocardial Insufficiency	1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 1129 St. Paul St.

E

Information called for in this certificate is necessary for the registration of vital statistics. Any undue delay or any omission or inaccuracy in the statements made hereon may result in serious embarrassment. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84021

E 84021

Registered No. 163

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (St.) (Ward) 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Horner

(a) Residence: No. 1221 Wall st St., Ward South Balto,

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Willis Horner

6. DATE OF BIRTH (month, day, year) Aug 28 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME William Stein

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Rose Pruett

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Rose Curriam

(Address) 1228 Wall st.

18. BURIAL, CREMATION, OR REMOVAL Date 10/31/1932

Place Holy Redeemer

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st.

19 Registrar.

20. FILED 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27/1932

22. I HEREBY CERTIFY, That I attended deceased from ——— 19 ——— to ——— 19 ———

I last saw h— alive on ——— 19 ——— Death is said to have occurred on the date stated above, at 3.20 P. m.

The principal cause of death and related causes of importance were as follows:

Bichloride of Mercury Poisoning

Suicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury Oct 27 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Swallowed Bichloride Tablets

Nature of injury Poisoning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84022 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84022

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals 46 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-26 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine Lombardo

(a) Residence: No. 538 N. Price St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salvadora Lombardo

6. DATE OF BIRTH (month, day, year) Sept 21. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvadora Miffoletti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10/31 1932

19. UNDERTAKER Wm Lord & Son Inc
(Address) 127 E Lexington St Baltimore, Md

20. FILED 28 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-13 1932 to 10-28 1932

I last saw h. alive on 10-28 1932 Death is said to have occurred on the date stated above, at 2 25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	1931
Secondary anemia	
Other contributory causes of importance:	
Bronchopneumonia	10-26-32

Name of operation Colostomy Date of ?

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm Bonnie Sclater M. D.

(Address) Balto City Hospitals

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84023

E 84023

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 18-26 (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Wilson

(a) Residence: No. 18 N. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Eurastus Wilson
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sally Lashrook
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sally Wilson
(Address) 18 N. Poppleton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10/29 1932

19. UNDERTAKER Charles G Cooper
(Address) 1614 Eutaw pl

20. FILED 10/29/1932 Huntington Undertaking Co. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocardial Degeneration

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Feller Coroner, M. D.

(Address) 2139 Eutaw Place

10/29/1932

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84024 ✓ F E 84024

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 17-24 St., ... Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E Pratt

(a) Residence: No. 553 Oxford St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Pratt

6. DATE OF BIRTH (month, day, year) Dec. 24, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Of

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm A. Pratt

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Sarah Carmich

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Wm A Pratt (Address) House of Correction

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 10/30 1932

19. UNDERTAKER Charles H Cooper (Address) 5 W. H. Calhoun St. Baltimore, Md.

20. FILED 10/28/32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 ..... to ..... 19 .....

I last saw h alive on injury 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured base of skull — Date of onset

Other contributory causes of importance:

Run over by automobile

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/26 1932

Where did injury occur? Oake & 23rd St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Fell off of moving auto

Nature of injury Bruises & fell under wheels

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny M. D. Coroner

(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84025

CERTIFICATE OF DEATH

E 84025

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St., 14-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Elizabeth A. Thayer (Thayer)

(a) Residence: No. 208 York Road St., ... Ward. Towson Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 12 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John D.W. Thayer

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Elizabeth Cowen

16. BIRTHPLACE (city or town) (State or country) London England

17. INFORMANT Miss Hannah Thayer

(Address) 310 York Road Towson Md

18. BURIAL, CREMATION, OR REMOVAL
Loreden Park Cemetery Oct 31 1932

19. UNDERTAKER Chas. S. Black

(Address) 742 W. North ave

20. FILED ... 10 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1932 to Oct 25, 1932

I last saw h alive on Oct 25, 1932 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease (Rheumatic)	1927

Other contributory causes of importance:

Rheumatism	

Name of operation ... Date of ...

What test confirmed diagnosis? Phy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Beverley L. Compton M. D.

(Address) Womans Hosp, Balto

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Blks.

E 84026

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84026

CERTIFICATE OF DEATH.

82-004

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 A Calvert ST. 17-50 WARD)

2-FULL NAME Miss Florence Kuhn

(a) RESIDENCE NO. 2707 A Calvert ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 28 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Hanson L Kuhn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Rebecca Kuhn

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant John S. Evans nephew
(Address) 612 N. 40 St

15 Filed OCT 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1932 to Oct 27, 1932

that I last saw h alive on Oct 27, 1932

and that death occurred, on the date stated above, at 6 20 P. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary) Senility

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) John Horan, M. D.

10-29-32 (Address) 612 N 40 St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount — DATE OF BURIAL Oct 29 1932

20 UNDERTAKER Geo J Smith — ADDRESS 1532 Hollins St

TION is very important. See instructions on back of certificates.

A&Co. 5-31 250B

E 84027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84027

CERTIFICATE OF DEATH

Registered No. 107

1. PLACE OF DEATH West Balto. Gen. Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 22-30 St., Ward)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary A. Coolahan

(a) Residence: No. 607 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John F. Coolahan

6. DATE OF BIRTH (month, day, year) Dec 25 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Carroll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McManaus

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr John F Coolahan

(Address) 607 S Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/31/1932

19. UNDERTAKER John F Cowan & Son

(Address) ~~Huntington Tennessee~~ 1127 W Fayette St

Filed ..... 19..... Registrar.

29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-24, 1932, to 10-27, 1932

I last saw h[illegible] alive on 10-27, 1932 death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	10-23
Pernicious anemia	[illegible]

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. H. R. 1269-9

E 84028

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84028

CERTIFICATE OF DEATH

Registered No. 176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-6 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Snyder

(a) Residence: No. 3101 W. Garrison Ave St., Ward. B S R

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Abraham Cohen

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Eva

16. BIRTHPLACE (city or town) (State or country) Prussia

17. INFORMANT Mrs J. Frankman

(Address) Lake View Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Washington Rd Date Oct 30, 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 112 E Baltic St Baltimore Md

20. FILED Oct 29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1932 to Oct. 27, 1932

I last saw her alive on 10-27 1932 Death is said to have occurred on the date stated above, at 7:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	10/21/32
Other contributory causes of importance:	
Chronic Cholecystitis & Cholelithiasis	?
Acute pancreatitis	10-31-32
Pneumonia	10-26-32

Name of operation Exploratory Laparotomy Cholecystotomy Date of 10-26-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Archie Robert Cohen M. D.

(Address) Sinai Hospital

See instructions on back of certificate.

OCCUPATION is very important.

M. D. B. 1268-9

E 84029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84029

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3549 Old Frederick Rd St. 20th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda Manning

(a) Residence: No. 3549 Old Frederick Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Manning

6. DATE OF BIRTH (month, day, year) Feb 7 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jorge Bostwick

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Louisa Bmsterman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs John Bostwick

(Address) 3549 Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Cem Date 10/31 1932

19. UNDERTAKER Jorge A Turley

(Address) Funeral Director Embalmer 1 Pittsburgh, Pa

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 27 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1931 to Oct 26 1932

I last saw h[illegible] alive on Oct 26 1932. Death is said to have occurred on the date stated above, at 1630 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Ch Nephritis	
Ch Nephritis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A A Horneber M. D.

(Address) 733 Haupt St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-2

E 84030 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84030

CERTIFICATE OF DEATH

X 134

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1114-20 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Bennett

(a) Residence: No. 113 Winter Ave Catonsville, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Mardie Bennett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adelia Sears

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary J. Bennett

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Mar Date 10/30 1932

19. UNDERTAKER Thomas L. Hensley

(Address) 318 W. Baltimore Huntington Milwaukee

OCT 29 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/25/32 , 19 to 10/26/32 , 19 .....

I last saw h... alive on 8/26/32 , 19 ..... Death is said to have occurred on the date stated above, at 8 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis	1/1/32
	do
Other contributory causes of importance:	
Hypertrophied Prostate	8/1/32
Mitral stenosis	

Name of operation Cystotomy Date of 8/25/32

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Matthew Stripping M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

E 84031

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84031

265806

Med

115-001

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thora Marshall

(a) Residence: No. 1305 Madison Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

6a. If married, widowed, or divorced (or) WIFE of John Marshall

6. DATE OF BIRTH (month, day, year) Feb 15 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17 18	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thompson Clark

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sadie Brooks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Accepted

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodbourne Date 10/31 1932

19. UNDERTAKER Samuel T. Hemsley

(Address) 2328 W. Baltimore St.

20. FILED OCT 29 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1932 to Oct 27 1932

I last saw h alive on Oct 27, 1932 Death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia,	
Cardiac failure.	
Throat infection.	
(Vincent's)	

Other contributory causes of importance:

Name of operation Decapsulation, Kidney Date of 10/20

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dean A. Clark M. D.

(Address) J.H.H.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84032

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84032

V 82-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1201 Whatcoat St., 16-22 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie Woodward

(a) Residence: No. 1201 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): 1879

7. AGE: Years 53 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Wilson

14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER

15. MAIDEN NAME: Louisa Lewis

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Willie Woodward
(Address) 1909 Lee Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: 10-29-1932

19. UNDERTAKER: Samuel F. Hemsley
(Address) 578 W. Fairmount Ave

FILED OCT 29 1932, 19..... Registrar.

OCT 29 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage

Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Hawk M. D.
Coroner

(Address) Coroner

Spec.—1-10-21—M&T—1500 Blks.

E 84033

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84033

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. Ann Street ST. 2-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine .(Galiczynska) Wisniewski

(a) RESIDENCE NO. 117 S. Ann Street ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 20 yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE: Years 67 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 67

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Andrzej . Grabus

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Mrs. Wladyslawa . Calka Daughter

(Address) 2[illegible] Ann Street

15 Filed OCT 29 1932, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932, to Oct 28, 1932,

that I last saw her alive on Oct 27, 1932,

and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 8 ds.

CONTRIBUTORY (Secondary) Cardiac Neurosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William J. Rydzewski M. D.

Oct 29, 19 32 (Address) 805 N Kenwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary Cem. October 31 1932

DATE OF BURIAL 19

20 UNDERTAKER: John M Weber

ADDRESS 408 S Chester St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

Pearl Beaston

84034 HEALTH DEPARTMENT—CITY OF BALTIMORE 84034

CERTIFICATE OF DEATH

1088

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 Guilford Ave. St., 12-50 Ward)

Length of residence in city or town where death occurred 19 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl L. Buxton

(a) Residence: No. 2302 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gasper Buxton

6. DATE OF BIRTH (month, day, year) Jan 15 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

FATHER

13. NAME Lewis Hazard
14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Nancy Brown
16. BIRTHPLACE (city or town) (State or country) D. C.

17. INFORMANT Nancy Bailey
(Address) 2302 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Oct 29, 1932

19. UNDERTAKER Mrs. Ida B. Saunders
(Address) 1120 E. Madison St

20. FILED OCT 29 1932 19 Interstate Permit #
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-25-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-17-, 1932, to 10-25-, 1932.

I last saw her alive on 10-24-, 1932. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10-16-32

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) M. D. Gorgas, M. D.

N.J. (Address) 611 - N. Caroline

OCCUPATION is very important. See instructions on back of certificate.

THIS CERTIFICATE OF DEATH is plain print, and that is why it is properly classified. Each statement

Spec.—1-30—M. & T.—250 Bks.

Dungee

84035

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84035

CERTIFICATE OF DEATH.

59 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 Arlington St. 16-23 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Edward H Dungee

(a) RESIDENCE NO. 704 Arlington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Md
(State or country)

PARENTS

10 NAME OF FATHER Wm. H Dungee

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Sarah Smith

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Sarah Dungee
(Address) 704 Arlington

15 Filed 291932 Huntington Williams, M.D.
Registrar
B. O. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 26, 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1932, to Oct. 26, 1932,

that I last saw him alive on Oct. 26, 1932,

and that death occurred, on the date stated above, at 6.10 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Diabetes mell

(duration) yrs. 8 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab

(Signed) H. Marco Williams, M. D.

10-29 1932 (Address) 1830 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 10/29/1932

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1051 Druid Hill Ave

TION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84036 (165) E 84036 (159)

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-4 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Baby Girl Jenkins

(a) Residence: No. Triumph Hill Rd St., Ward. Stemmers Run, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Girl	Black	

6. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 10/23/32

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME David Jenkins

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Alberta Hill

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Mc Colloch Date Oct 24, 1932

19. UNDERTAKER

(Address) 1932 Huntington Ave Baltimore, Md

20. FILED Oct 24 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1932 to Oct 23, 1932

I last saw h.... alive on Oct. 23, 1932 Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Washington, M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

84037

HEALTH DEPARTMENT—CITY OF BALTIMORE

84037

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward) non resident

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Armstrong

(a) Residence: No. Dundalk, Balto. Co St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME Joseph Armstrong

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Naprosko

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Joseph Armstrong
(Address) Dundalk Balto Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 29, 1932

19. UNDERTAKER John Ulrich
(Address) 12 E Eutaw Place Huntington Station, N.Y.

20. Filed ... 19... 29 1032 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1932 to Oct 28, 1932

I last saw h.e alive on Oct 28, 1932 death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nasal o Pharyngeal Diphtheria	about Oct 20, 1932

Other contributory causes of importance:

Myocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? P.O. K. L.P. Culture Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Myron G Tull, M. D.

(Address) Sydenham Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84038

CERTIFICATE OF DEATH

E 84038

Registered No. 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Green

(a) Residence: No. 2902 Orleans St. St. ... Ward.
(Usual place of abode) Baltimore Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mildred Green

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Cegielski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Victoria Poffel

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mildred Green

(Address) 2902 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date Oct 31, 1932

19. UNDERTAKER John J. Puda

(Address) 2311 Harper St

Huntington Williams, Reg.

22. FILED 29 1932 OFH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1932 to Oct 28, 1932.

I last saw him alive on Oct. 28, 1932. Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-cranial Tumor (Inter-ventricular	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Milford H. Sprecher, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84039

E 84039 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. President Hosp St. 11-24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas F Redden

(a) Residence: No. 436 W Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sophia

6. DATE OF BIRTH (month, day, year) Aug 6 1856

7. AGE: Years 76 | Months 2 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sandsville Md

FATHER

13. NAME Jessie Redden

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Matilda Richardson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jessie W. Redden
(Address) 436 W Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 1 1932

19. UNDERTAKER Sam M Chase Fax
(Address) 638 N Eutaw

20. Filed OCT 30 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1 year

Date of onset

Other contributory causes of importance:

Name of operation Regulon Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H Kent Coroner, M. D.

(Address) Baltimore

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 84040

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84040

CERTIFICATE OF DEATH

131 V

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen'l Hosp. St. ..... Ward)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 42 yrs. ... mos. ... ds.

2. FULL NAME Julius Herman

(a) Residence: No. 835 Hollins St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married-Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Herman

6. DATE OF BIRTH (month, day, year) Aug 10, 1860

7. AGE: Years 72 | Months 2 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not work in last 30 yr
10. Date deceased last worked at this occupation (month and year) 1902 or 03
11. Total time (years) spent in this occupation 30 yr

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Joseph Herman
14. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER

15. MAIDEN NAME Jennie ——
16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Simon Herman
(Address) 802 N Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 10-30-32

19. UNDERTAKER Jack Lewis
(Address) 1439 E. Baltimore St.

Huntington Williams, N.P.
Registrar.

CT 30 1932

OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/14/32, 19..., to 10/28/32, 19...
I last saw h... alive on 10/28, 1932 death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate (Benign)	8/1932
Cardio-vascular Renal disease	8/1932
Other contributory causes of importance Bronchopneumonia Heart Decompensation Pulmonary Edema.	10/25/32

Name of operation Cystoscopies Date of 9/1932
What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip F. Lerner, M. D.
(Address) West Baltimore General Hospital

M. D. F. 1268-9

84041 F 84041

266015

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 14-20 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Bessie Nanditch

(a) Residence: No. 541 Robert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 3-16-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Abraham Nanditch

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Dora Blager

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt Carmel Date 10-20 1932

19. UNDERTAKER Pace Keiser Inc
(Address) 1439 E Belvedere

20. FILED ..... 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-28 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 ..... 1932 to Oct 28 ..... 1932.

I last saw her alive on Oct 28 ..... 1932. Death is said to have occurred on the date stated above, at 11 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	Oct 19-
Other contributory causes of importance: Recurrence of Carcinoma of Ovary	?

Name of operation Exploratory Laparotomy Date of 10-19-32

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Harry B Neel M. D.

(Address) Johns Hopkins Hosp.

Spec.—1-10-21—MAT—1500 Blks.

E 34042

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 34042

46 V

CERTIFICATE OF DEATH.

REGISTERED NO. 6-10

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 N. Duncan ST. WARD)

2-FULL NAME Joseph Daniel Kress

(a) RESIDENCE NO. 13 N Duncan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary S Kress

6 DATE OF BIRTH (month, day, and year) May 1868

7 AGE Years 64 Months 5 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tailor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Carrie Bradsby 32 Duncan

15 Filed Oct 29 1932 Huntington Williams Registrar

T 301932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 28 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932, to Oct. 28, 1932, that I last saw him alive on Oct. 28, 1932, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma - Stomach

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Persons M. D.

10/29, 1932 (Address) 514 Druid Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer DATE OF BURIAL Oct 31 1932

20 UNDERTAKER ADDRESS

Jos J Otterson 1526 Eutaw

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

84043

E 84043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Woodlea Ave. St., 27-41 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Borgman

(a) Residence: No. 4012 Woodlea Ave. Gardenville St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Borgman

6. DATE OF BIRTH (month, day, year) Aug. 4, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Michal Hoehn

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Matilda Dressel

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Matilda Lassahn

(Address) Raspburg Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Oct. 31 1932

19. UNDERTAKER Mrs. G. Miller & Son

(Address) 233 N. Jefferson St. Huntington, West Virginia

FILED OCT 30 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1930 to Oct 27, 1932

I last saw her alive on Oct 27, 1932 Death is said to have occurred on the date stated above, at 9 50 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis. — Date of onset Sept 1930

Other contributory causes of importance

Ch. Nephritis

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. S. Hardesty M. D.

(Address) 4810 Belair Rd

M. D. B. 1268-9

E. Cook 413 N. Washington St Wool 3911 - Hous 5138

84044 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84044

46 V

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 N. Linwood Ave Street 11 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David McCullough

(a) Residence: No. 733 N Linwood Ave Street ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Katherine D. McCullough

6. DATE OF BIRTH (month, day, year) July 17th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Ans

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford Dealer

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John McCullough

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Gourley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Katherine McCullough
(Address) 733 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date 10/31/ 1932

19. UNDERTAKER Wm Cook
(Address) 217 St Paul St

OCT 30 1932 ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 19 1932 to Oct 28 1932

I last saw him alive on Oct 26 1932 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Ileo Colon	about
Peritonitis	7 days
Intussusception	
Other contributory causes of importance: Toxic Absorption	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward Cook M. D.

(Address) 413 N Washington

84043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84045

CERTIFICATE OF DEATH

53V

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2651 Greenmount Ave Ward) 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter R. Judd

(a) Residence: No. 2651 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 9th 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Sun

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) Towson (State or country) Md

FATHER

13. NAME Joseph E. Judd

14. BIRTHPLACE (city or town) Harford Co (State or country) Md

MOTHER

15. MAIDEN NAME Alice E. Chenoweth

16. BIRTHPLACE (city or town) Towson (State or country) Md

17. INFORMANT Joseph E. Judd
(Address) 2651 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 10/31/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED OCT 30 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 1932 to Oct 28 1932
I last saw him alive on Oct 28 1932. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of parotid gland Right	April 1932
Metastasis of lung, liver	
Other contributory causes of importance:	
Toxemia	Sept 1932

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. V. Bosley M. D.

(Address) 501 Mundon Av

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

E 84046 ✓ E 84046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3341 Windsor Ave 5-61 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Catherine Kendall

(a) Residence: No. 3341 Windsor Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Singlr, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of ..... (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Dec 5th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Annes Co Md.

FATHER

13. NAME Joseph T. Kendall

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Elizabeth Knotts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Nettie Kendall

(Address) 3341 Windsor Ave Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 10/31/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from for the last 10 or more years, 19..... to 19..... I last saw her alive on Oct. 28 1932. Death is said to have occurred on the date stated above, at 7:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis, Cardio-vascular lesion, with cerebral hemorrhage	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of Injury X, 19.....

Where did Injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) E. P. Hoffman, M. D.

(Address) 1 W. Fayette Harrison Block

OCCUPATION is very important. See instructions on back of certificate.

E 84047

84047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3337 Belvedere St. 27-E Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr George H. Beckley

(a) Residence: No. 3337 Belvedere Ave., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Lena B. BeckLey

6. DATE OF BIRTH (month, day, year) Dec 5th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	10	23 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 05

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodsboro Md

FATHER

13. NAME Rev Geo H. Beckley

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Annie M Clair

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Lena B. Beckley

(Address) 3337 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL Date 10/31/1932

Place Middletown Md

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st.

20. FILED OCT 30 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to Oct 28 1932

I last saw him alive on Oct. 1932 Death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	1929

Other contributory causes of importance: none

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Herman Beckley M. D.

(Address) 2491 Eutaw Pl.

OCCUPATION is very important. See instructions on back of certificate.

M. D. 1932 E 84048 ✓ E 84048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 16-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 W. Lafayette Ave Ward) Life

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Richard

(a) Residence: No. 1812 W. Lafayette Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Jacob Richard

6. DATE OF BIRTH (month, day, year) May 24th 1844

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
88	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Lederer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martha M. E. Baltzley
(Address) 1812 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/31/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28/1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932, 19..., to Oct 28/32, 19...

I last saw h~~is~~er alive on Oct 27, 1932 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Cerebral Hemorrhage	Oct 25/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Melvin S. Lenderhut, M. D.

(Address) 304 N Monument St

OCCUPATION is very important. See instructions on back of certificate.

E 84049

Henry W Clatterbuck ✓M E 84049

E 84049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

208

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Agnes Hospital 21-24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry W. Clatterbuck
(a) Residence: No. 301 Scott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 10th 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
16	7	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed 087
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winchester Va

FATHER
13. NAME James A. Clatterbuck
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Ella M. Falls
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Ella M. Clatterbuck
(Address) 301 Scott St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 10/31/ 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 ..... to inquiry, 19 ..... Death is said I last saw h alive on to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull Broken Neck	10/28/32
Other contributory causes of importance: Automobile accident	10/28/32

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 10/28/1932

Where did injury occur? Edmondson Ave nr Bushwood (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto he was riding on

Nature of injury was Struck by street car

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny (Coroner) M. D.

(Address) 2200 E Madison St

Cor.—10-10-29—A Co.—100 Bks.

E 84050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84050

92-061

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 67 Boulder Lane St., 13-54 Ward) Roland Park

2-FULL NAME Mrs Ellen Preston

(a) RESIDENCE NO. 2424 Druid Hill Ave St., Ward 11 Maryland

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1/2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male.	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Preston

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE Years	Months	Days	IF LESS than 1 day... hrs. or ... min.
44			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Butler 070
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Md

12 MAIDEN NAME OF MOTHER Harriet Ennis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Md

14 Informant Samuel Preston
(Address) 2424 Druid Hill Ave

15 Filed Oct 30 1932 Huntington Ville Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10/28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabular
Disease of
Heart

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

10/29 1932 (Address) 1632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn	10/30 1932

20 UNDERTAKER Samuel D. Hemsley

ADDRESS 378 N Bond

If death is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

84051

HEALTH DEPARTMENT—CITY OF BALTIMORE

84051

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St. 14 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Floyd Mooney

(a) Residence: No. 313 Brown St Mosher Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Sing

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 5 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	1	1 mo	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore md.

FATHER

13. NAME Herman Mooney.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Brown.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary Mooney.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 10/31 1932

19. UNDERTAKER Samuel J. Hemsley.
(Address) 595 N Broadway St

20. FILED OCT 30 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-26 1932 to 10-29 1932

I last saw him alive on 10-29-32 1932. Death is said to have occurred on the date stated above, at 6.30 am.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset .....

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B. Harris M. D.

(Address) Provident Hospital

M. D. B. 1268-b

84052

E 84052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hos 4-26 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsia Louise Turner

(a) Residence: No. 735 W Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fml | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1905

7. AGE: Years 27 | Months | Days | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mc Daniel Md

FATHER

13. NAME: Elbert Turner

14. BIRTHPLACE (city or town) (State or country): Mc Daniel Md

MOTHER

15. MAIDEN NAME: Maggie Webb

16. BIRTHPLACE (city or town) (State or country): Mc Daniel Md

17. INFORMANT: Dorothy Turner

(Address): 2112 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mc Daniel Md Date Oct 31st 1932

19. UNDERTAKER: Joseph A. Lucky

(Address): 409 N. Mural Street

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency
Sudden

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner

(Address) ... M. D.

1-30—M 4-73—100 B—50L

84053

✓M E 84053

HEALTH DEPARTMENT—CITY OF BALTIMORE

205-006

CERTIFICATE OF DEATH

1-PLACE OF DEATH S/S Ensley City,

CITY OF BALTIMORE: (No. Pier No. 3 Locust Point, S. 24-35 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stanislaw Lojewski.

(a) RESIDENCE NO 1349 Andre St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 27 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	----------	----------	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stevedore foreman.
(b) General nature of industry, business, or establishment in which employed (or employer) Ot
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Lottie Bulstonicz.
(Address) 1349 Andre St.

15 Filed ..... 19 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 28, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull.
Struck by sling load of wire by breaking of shackle on S/S Ensley City.
Accidental Death (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Pier 3 Locust Point. Oct. 28, 1932

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Steinhardt, M. D. Coroner

10/28/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross A.C.C.

DATE OF BURIAL 10/31 1932

20 UNDERTAKER Charles L. Steer

ADDRESS 23 E. Fort Ave

NOV 1 1932 P.M.

TION is very important. See instructions on back of certificate.

AACo. S-H 2000

84054

E 84054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 17-51 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 8 mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Kathryn Stambaugh

(a) Residence: No. 2942 Huntingdon Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 27-1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Orville B. Stambaugh

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Althea Berry

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Orville B. Stambaugh
(Address) 2942 Huntingdon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct. 31 1932

19. UNDERTAKER Horace G. Burgee
(Address) 3631 Falls Road

20. FILED Oct 31 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28-, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1932, to Oct 28, 1932

I last saw her alive on Oct 28 1932, death is said to have occurred on the date stated above, at 10 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation Heart during operation anesthesia (gas)	
Other contributory causes of importance:	

Name of operation Dilatation Cervix Date of 10/28/32

What test confirmed diagnosis Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Marion F. Johnson, M. D.

(Address) Woman's Hospital

1-30—M & T—100 B—50L

E 84055

E 84055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St. Joseph Hospital ST. 9-13 WARD)

2-FULL NAME William Miller

(a) RESIDENCE NO 1017 N. Washington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Miller

6 DATE OF BIRTH (month, day, and year) Jan. 7th. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer for Co
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Penna. R. R.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Christian Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Annie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Miller

(Address) #1017 N. Washington St.

15 Filed 30 1932 by Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 27th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Cardiac Thrombus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Undetermined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) [signature] M. D. Coroner

Oct. 28 1932 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL 10/31/32

20 UNDERTAKER Philip Herring

ADDRESS 2016 Orleans St.

TION IS very important. See instructions on back of certificate.

M. D. B. 1268-9

84056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 84056

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4732 Old York Rd.) (Street) (Ward) 27-46

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James H. Smith

(a) Residence: No. 4732 Old York Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Smith

6. DATE OF BIRTH (month, day, year) Dec. 29 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
59 60	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Depot Md. Balto. Co.

FATHER

13. NAME John H. Smith

14. BIRTHPLACE (city or town) (State or country) America

MOTHER

15. MAIDEN NAME Ellen Flynn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary C. Smith

(Address) 4732 Old York Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct. 31 1932

19. UNDERTAKER Richard F. Curley

(Address) 1726 Harlem Ave. Baltimore, Md.

OCT 30 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from October 2d 1932 to October 29 1932

I last saw him alive on October 28 1932 Death is said to have occurred on the date stated above, at 3:2 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure, following Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Erosion Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Benj. D. Hayden M. D.

(Address) 2 W. Cold Spring Lane

M. D. B. 1268-0

84057 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE84057

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 E. Preston St. St. 11-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delia A. McCusker

(a) Residence: No. 427 E. Preston St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Luke McCusker

6. DATE OF BIRTH (month, day, year) Unknown 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Patrick Fleming

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Delia Tanyana

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT P.J. McCusker
(Address) 427 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct. 31st. 1932

19. UNDERTAKER Chas. H. Grace & Son
(Address) 118 W. Mt. Royal Ave.

OCT 30 1932 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1932 to Oct 27 1932

I last saw her alive on Oct 27 1932 Death is said to have occurred on the date stated above, at 3P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/26/32
Other contributory causes of importance:	
Arteriosclerosis	?
Chr. Endocarditis	
Hemiplegia (R side)	10/26/32

Name of operation Of Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Emmett Tucker M. D.

(Address) 111 W. Monument

OCCUPATION is very important. See instructions on back of certificate.

84058

✓ E 84058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr. C. B. Heise M.D. Coroner

Registered No. 18558

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 S. Ellwood ave. St., 1 - 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M. Cooney

(a) Residence: No. 611 S. Ellwood ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of John F. Cooney

6. DATE OF BIRTH (month, day, year) Mar. 1st 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John Heigand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME don't know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Lacy B. Mears (Address) 2215 East ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oakleyn Date Oct 31, 32

19. UNDERTAKER John A. Myers (Address) 3000 E. Baltimore

20. FILED ... 1932

30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1932, to Oct. 28, 1932

I last saw her alive on Oct. 27, 1932 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Terminal Bronchio-Pneumonia — Date of onset Oct 25 1932

Other contributory causes of importance:

Fracture Lt. ~~femur~~ femur — June 1932

Senility & Aged

Name of operation ... Date of ...

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide~~? Date of injury June 1 1932

Where did injury occur? 611 S. Ellwood ave
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place In Home

Manner of injury Fell in Home

Nature of injury Fracture Lt. Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Joseph Tousley M. D.

(Address) 600 E. Ellwood Ave

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

-30—M. & T.—100 B—50L

E 84059

E 84059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 26-37 WARD)

2-FULL NAME Captain John F McNeal

(a) RESIDENCE NO ..... Fairport Ga ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel F McNeal

6 DATE OF BIRTH (month, day, and year) Apl 8, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mariner
(b) General nature of industry, business, or establishment in which employed (or employer) Capt. Steamboat
(c) Name of employer W. P. Townsend

9 BIRTHPLACE (city or town) (State or country) Ga

PARENTS

10 NAME OF FATHER John F McNeal

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ga

12 MAIDEN NAME OF MOTHER Elizabeth Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Edwin McNeal

(Address) Eatonville Ga

15 Filed OCT 30 1932 Huntington for Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis and Pulmonary Edema

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Contusion of Head & Abrasions of Face Accidental fall in his Yard (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Eaton & Cardy St

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Aut & Clinical

(Signed) J Peterson Jr M D, M. D. Coroner

, 19 (Address) 1305 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loreland Cem Reisterstown

DATE OF BURIAL Oct 31 1932

20 UNDERTAKER Wm Cook

ADDRESS 2742 Eutaw St

E 84060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 McDonough St St., 8-17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Foreman

(a) Residence: No. 1922 McDonough St St., ... Ward.
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maude V. Foreman

6. DATE OF BIRTH (month, day, year) May 18 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter 10 05

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Foreman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Boyd

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Maude V. Foreman
(Address) 1022 McDonough St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Nov. 1, 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eagen St.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-24-32, 19..... to 10/29-, 32 19.....

I last saw h[illegible] alive on 10-29-, 1932 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	10/27/32

Other contributory causes of importance:

Chronic nephritis	10/14/32
Carbuncle of buttocks	10/17/32

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ....., 19.....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) David Miller M. D.

(Address) 1500 N Broadway

M. D. B. 1268-9

E 84061 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84061

CERTIFICATE OF DEATH

95-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Waldo St. 7-9 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Pierson or Winbush

(a) Residence: No. 1604 Waldo St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married ?

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Allie Winbush

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Allie Winbush
(Address) 1604 Waldo St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct 31 1932

19. UNDERTAKER Robert W Williams
(Address) 1511 Mc Elderry St

20. FILED 31 1932 Huntington Williams Reg NT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2-3 A.M.

The principal cause of death and related causes of importance were as follows: Probably Cardio-Vascular Disease ? — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If not specify ...

(Signed) H J Haines M. D.
Coroner
(Address) 506 E Monument

M. D. B. 1268-9

84062 E 84062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 197

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 E. Eager St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street (and number.)

Length of residence in city or town where death occurred 70 yrs. — mos. 3 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary A. Engelmeyer

(a) Residence: No. 1220 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Joseph F. Engelmeyer

6. DATE OF BIRTH (month, day, year) October 25 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Francis Herring

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Keane

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Clara Engelmeyer

(Address) 1220 E Eager

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Cemetery Date Nov. 2 1932

19. UNDERTAKER Henry Hoed Sons Inc.

(Address) 1301 E Eager St

10 Immigration Williams-Hilt

FILED 31 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 20. 1932 to Oct 28th 1932

I last saw h[illegible] alive on Oct 28 1932 Death is said to have occurred on the date stated above, at 11.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertonic Sclerosis. Coronary Thrombosis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) 2400 Belair Road

AaCo. 5-31 250B

E 84063 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84063

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH West Balto. Gen. Hospital

CITY OF BALTIMORE: (No. 16-68 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Troy Hatch

(a) Residence: No. 2002 Raynor Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William T Hatch

6. DATE OF BIRTH (month, day, year) Feb 9th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph McFeldin

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Un Known

16. BIRTHPLACE (city or town) (State or country) Un Known

17. INFORMANT William T Hatch
(Address) 2002 Raynor Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 31 1932

19. UNDERTAKER Charles F Powell
(Address) 1904 Edmondson Ave.

20. FILED ... 19... Registrar.

OCT 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-17-32, 19..., to 10-27, 1932

I last saw h.er alive on 10-27 1932 death is said to have occurred on the date stated above, at 3:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept
Hypostatic pneumonia	10-23

Other contributory causes of importance:

Hypertensive Cardio-Vascular disease	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip F. Lerner M. D.

(Address) West. Balto. Gen. Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84064 E84064

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Keyworth ave St. 15-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 50 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Levero

(a) Residence: No. 1606 Keyworth ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Levero

6. DATE OF BIRTH (month, day, year) 4-1-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madrid

FATHER

13. NAME Hernan A. Faustner

14. BIRTHPLACE (city or town) (State or country) Madrid

MOTHER

15. MAIDEN NAME Encarnacion Benitez

16. BIRTHPLACE (city or town) (State or country) Spain

17. INFORMANT Mrs. Faustner
(Address) 1606 Keyworth ave

18. BURIAL, CREMATION, OR REMOVAL 10-31-32
Place Greenmount 19

19. UNDERTAKER Jack Levin Sons
(Address) 1434 E Baltimore St

20. FILED 10-31-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1932, to Oct 29, 1932

I last saw h alive on Oct 29, 1932. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	?
Angina Pectoris	
Diabetes	

Other contributory causes of importance:

Lobar pneumonia	Oct 26
Coronary thrombosis	Oct 30

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Kadzin, M. D.

(Address) 2306 Eutaw Place

84065

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84065

V 94-002

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH St. Joseph's Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-8 Ward)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 28 yrs. ... mos. ... ds.

2. FULL NAME Sol Caplan

(a) Residence: No. 129 Arquith St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Flora Caplan

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Caplan (Address) 1649 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL Mt. Lebanon Cemetery Date 10-31-37 19

19. UNDERTAKER Jack Levy Inc (Address) 1434 E. Baltimore St

20. FILED NOV 1 1932 Hunting for Williams Funeral Dir.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1932 to Oct. 31, 1932

I last saw him alive on Oct 31, 1932 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis with cardiac infarction and complete heart block	Oct. 31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. F. Gouwens M. D.

(Address) 8 E. Lexington St.

M. D. B. 1268-5

E 84066

84066 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Eutaw Pl St. 14-30 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carolyn A. Hamilton

(a) Residence: No. 1619 Eutaw Place St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Aug. 6. 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Joseph C. Hamilton

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Carolyn A. Lunn

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Peter Hamilton (Address) 2 Montague Ter. Brooklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Md. Date Oct 31. 1932

19. UNDERTAKER John C. Mitchell Sons (Address) Cypress Eutaw Place

Oct 31 1932 . 19 R.K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 .32

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1932 to October 30, 1932

I last saw her alive on October 29, 1932 Death is said to have occurred on the date stated above, at 8.45 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset ...

Other contributory causes of importance:

Senile Changes

Hypertension

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Aaron Hess M. D.

(Address) 2902 Huntington Ave.

M. D. B. 1268-B

Hawkins

E 84067 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84067

CERTIFICATE OF DEATH

V91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Hilson St 3-5 Ward)

Length of residence in city or town where death occurred 28 yrs 8 mos. ds. How long in U. S. If of foreign birth * yrs. mos. ds.

2. FULL NAME Mary Hawkins

(a) Residence: No. 1101 Watson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Hawkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Pierce

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Grace Davis

(Address) 1101 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson cemetery Date Nov 1 1932

19. UNDERTAKER Edward Bryan

(Address) 631 Orleans St

Huntington Williams M.D.
Registrar.

OCT 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1205 N Eutaw St

Spec.—2-29-28—L. F. S.—500 Bks.

E 84068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84068

CERTIFICATE OF DEATH

REGISTERED NO. 131

1—PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ST., 1354 W'RM

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nicholas Sacco

(a) RESIDENCE NO. 2468 Woodbrook Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Restaurant Owner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Edward Rocco

(Address) 2303 N. Monroe St.

15 Filed 10-31-1932, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-30-32

17 I HEREBY CERTIFY, That I attended deceased from 10-29, 1932, to 10-30, 1932

that I last saw him alive on 10-30, 1932

and that death occurred, on the date stated above, at 9.05 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

Myocarditis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? By Clinical

(Signed) L. S. Chance, M. D.

, 19 (Address) Md. Gen. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem'y	10-31 1932
20 UNDERTAKER Dennis Eaton	ADDRESS 916 Park

M. D. R. 1268-9

E 84069 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84069

35

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., ... Ward.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oscar Burke

(a) Residence: No. 902 Park ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Burke

6. DATE OF BIRTH (month, day, year) Oct 11 - 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) London Co Md.

FATHER

13. NAME Oscar Burke

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Texia Clinn

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Cem Date 11-31-32

19. UNDERTAKER Daniel Carlon
(Address) 916 Park ave. Huntington Pallidelphia, Md

FILED T 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28-32

22. I HEREBY CERTIFY, That I attended deceased from 10-26-32 to 10-28-32

I last saw him alive on 10-28-32 Death is said to have occurred on the date stated above, at 9:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral Strictures	
Extravasation of Urine	
in Scrotum and Sub	
Cutaneous tissues of	
Low er abdomen	10-11-32
Other contributory causes of importance:	
Uremia	4 days 10-22-32

Name of operation Suprapubic Cystotomy Date of 10-26-32

What test confirmed diagnosis? CF Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. Fowne Sclafer M. D.

(Address) Balto City Hospitals

M. D. H. 1268-9

84070

HEALTH DEPARTMENT—CITY OF BALTIMORE E 84070

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 70-28 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Kratz

(3) Residence: No. 527 South Catherine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Kratz

6. DATE OF BIRTH (month, day, year) 1849 Oct. 22

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John B. Kratz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Kay

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Kratz
(Address) 527 S. Catherine.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Oct. 31, 1932

19. UNDERTAKER Lord & Dunkle
(Address) 1101 Edmondson Ave.

Huntington Williams, M.D. Registrar.

20. FILED Oct. 29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 17, 1932, to October 29, 1932. I last saw him alive on October 29, 1932. Death is said to have occurred on the date stated above, at 6 55/60 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eldred Roberts M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

E 84071

E 84071 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3129 Weaver Ave. St. 27-44 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Yates McGeeney

(a) Residence: No. 3129 Weaver Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Owen J. McGeeney

6. DATE OF BIRTH (month, day, year) Feb. 4th. 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Benjamin Yates

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Kelley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Owen McGeeney

(Address) 3129 Weaver Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Nov. 2nd. 32

19. UNDERTAKER Chas. H. Grace & Son

(Address) 118 W. Mt Royal Ave.

20. FILED [illegible] Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29th. 32

22. I HEREBY CERTIFY, That I attended deceased from March 1st 32 to Oct 29th 32

I last saw her alive on Oct 28 32 Death is said to have occurred on the date stated above, at 3 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1928
Hypertension	

Other contributory causes of importance:

Pulmonary Edema	Oct 20 32
Uraemia	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael A Abrams M. D.

(Address) 2360 Eutaw place

M. D. B. 1268-0

84072 E 84072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9-11 Ward)

Length of residence in city or town where death occurred 18 hours yrs. mos. ~~ds.~~ How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Boy Norton

(a) Residence: No. Mercy Hospital (Usual place of abode) 2025 Eutaw St., ... Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/26/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	3	16 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Joseph Norton

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Ellen Mary Hughes

16. BIRTHPLACE (city or town) (State or country) Yorkshire, England

17. INFORMANT Thos J Norton

(Address) 2025 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/31 '32

19. UNDERTAKER J M Cole

(Address) 1219 W Fayette St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/32. 19

22. I HEREBY CERTIFY, That I attended deceased from 10/26/32 19.. to 10/29/32 19..

I last saw h~~im~~ alive on 10/29/32 19.. Death is said to have occurred on the date stated above, at 8 30 P. m.

The principal cause of death and related causes of importance were as follows:

Congenital Malformation of Heart — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Raymond V. Stafford, M. D.

(Address) Mercy Hospital

Spec.—12-8-25—A Co.—200 Bks.

84073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 157-083 E 84073

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 24 N. Madeira St., 6 Ward)

2-FULL NAME Baby Griffo

(a) RESIDENCE NO. 24 N. Madeira St. 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): October 30 1932

7 AGE: Years | Months | Days | IF LESS than 1 day ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Geo H. Griffo

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Margaret Venker

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Geo H. Griffo

(Address) 24 N. Madeira St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 30 1932 19

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 1932, to Oct. 30, 1932, that I last saw h[illegible] alive on Oct. 30, 1932, and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows: Congenital Defect of Heart

Asphyxia Neonatorum

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms

(Signed) A. A. Broadbeck, M. D.

(Address) 2201 E Baltimore St

Oct 30 1932

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — Date of Burial: 10/31/1932

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

OCT 31 1932

AaCo. 5-31 250B

4074

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84074

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH (CORRECTED)

CITY OF BALTIMORE: (No. 622 N Pulaski St., 16-19 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oscar F. Lawson

(a) Residence: No. 622 N Pulaski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo H Lawson

6. DATE OF BIRTH (month, day, year) Mar 26 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John H Ford

14. BIRTHPLACE (city or town) (State or country) Westfield Md

MOTHER

15. MAIDEN NAME Ella Sterling

16. BIRTHPLACE (city or town) (State or country) Westfield Md

17. INFORMANT Geo H Lawson

(Address) 622 N Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/31/ 19 32

19. UNDERTAKER F D Wimbrow

(Address) 856 N Eutaw St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/27/1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1932, to Oct 27, 1932

I last saw her alive on Oct 27, 1932 death is said to have occurred on the date stated above, at 8.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	About 2yrs ago.
Other contributory causes of importance: Myocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Albert Scagnetti, M. D.

(Address) 1729 W Lombard St

Spec.—1-12-23—M&T—500 Blks.

E 84075

84075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1314

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2439 Edmondson ST., 20-4 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary J Brunier

(a) RESIDENCE NO. 2439 Edmondson ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 72 yrs 7 mos 11 ds. How long in U. S., if of foreign birth? 72 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Albert F Brunier

6 DATE OF BIRTH (month, day, and year): 3-18-1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	72	7	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John Koehler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Julia Stumpf

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: F. W. Brunier
(Address): Edmondson Ave

15 Filed ... 1932 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-30 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1932, to Oct 30, 1932, that I last saw h[illegible] alive on Oct 30, 1932, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Int Nephritis

(duration) ... yrs. mos 10 ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of ...

Was there an autopsy? no

What test confirmed diagnosis? Typical findings

(Signed) Dr A. Knell, M. D.

10/30/1932 (Address) 8420 Fredrick Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: 11/1/32

20 UNDERTAKER: J. B. Wagner — ADDRESS: 1857 W. Baltimore

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84076 ~~B-84076~~

CERTIFICATE OF DEATH

91-001 Registered No.

1. PLACE OF DEATH Sinai Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-59 Ward)

Length of residence in city or town where death occurred ~~Sinai~~ How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Myers

(a) Residence: No. Riviera Apartments St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE David Myers.

6. DATE OF BIRTH (month, day, year) Nov. 10, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Moses Myers

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rose Levi

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Jos. A. Hirsh

(Address) Cleveland, Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Md. Date Nov. 1, 1932

19. UNDERTAKER David Sonnheim & Son

(Address) 702 Eutaw Place

Filed Nov 1 1932 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 21 1932 to October 30 1932

I last saw her alive on October 30 1932 Death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	6 mos

Other contributory causes of importance:

Name of operation ... Date of ... None

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. R. Cohen, M. D.

(Address) Sinai Hospital

M. D. R. 1265-9

E 84077

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84077

CERTIFICATE OF DEATH

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 E Lombard St. No 37 Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie M. Miller

(a) Residence: No. 3601 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John G. Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Barbara Miller

(Address) 3601 E Lombard

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 2 1932

19. UNDERTAKER John Ulrich

(Address) 1301 E Baltimore

FILED NOV 1 1932 Hunting [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/1/32, 19..., to 10/31/32, 19... Death is said I last saw her alive on 10/31/32 at 5:55 a.m. to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	1930

Other contributory causes of importance:

none

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2918 E. Baltimore St.

E 84078

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84078

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital Ward) No-37

Length of residence in city or town where death occurred 18 yrs. 6 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry V. ~~Valeriano~~ Valleranl-

(a) Residence: No. 3711 E Pratt St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — single

6. DATE OF BIRTH (month, day, year) Nov 2-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Valleranl

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Enrica Bonti

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Enrica Valleranl

(Address) 3711 E Pratt

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Nov 1 ... 19 32

19. UNDERTAKER John Liberati

(Address) 200 S Eden

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 ... 1932

22. I HEREBY CERTIFY, That I attended deceased from July 17 ... 19 32 to October 29 ... 19 32

I last saw h... alive on October 29, 19 32 Death is said to have occurred on the date stated above, at 6 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis Ileal intest	July 1932
Intestinal obstruction	Oct 29 1932
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Laparotomy, ileostomy Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. F. Young, M. D.

(Address) St. Joseph's Hosp.

Spec. 9-30-32 Co.—250 Bks.

84079 ✓ E 84079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1512 Aliceanna St 13-4 WARD)

2. FULL NAME Wasyl Balko

(a) RESIDENCE NO. 1512 Aliceanna St WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1½ yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	child

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 30-1930

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Peter Balko

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER Anna Piech

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Peter Balko
(Address) 1512 Aliceanna St

15 Filed Nov 1 1932 Huntington Millware, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31-32

17

I HEREBY CERTIFY, That I attended deceased from Oct 27, 19.., to Oct 29, 1932

that I last saw h[illegible] alive on Oct 29, 19 32

and that death occurred, on the date stated above, at 2. A. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial

Severe cold 1

(duration) yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) M. Konstanty M. D.

19 (Address) 1936 E Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus

DATE OF BURIAL Oct 31 1932

20 UNDERTAKER J. W. Bazinski 1930

ADDRESS Eastern Ave

M. D. B. 1268-9

E 84080

84080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 S. Durham St., 2-4 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Waligarski

(a) Residence: No. 505 S. Durham St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stanislawa Waligarski

6. DATE OF BIRTH (month, day, year) Dec 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John Waligarski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Anthony F. Waligarski
(Address) 206 S. Madeira St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Nov. 2 1932

19. UNDERTAKER F. W. Ozgowski
(Address) 1930 Eastern Ave

Huntington [illegible]

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ——— 19 to ——— 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	
Suicide	
Illuminating Gas	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Asphyxiation

Nature of injury Inhaling Illuminating Gas

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) M. D.
Coroner

(Address)

Spec.—1-10-21 M&T 1500 Blks.

84081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84081

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 N. Madeira St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Sebeck

(a) RESIDENCE NO. 901 N. Madeira St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Vaclav Sebeck

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Austria

PARENTS

10 NAME OF FATHER: Joseph Stefshal

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant: Frank Sebeck

(Address): 901 N. Madeira St.

Filed 31 1932

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): October 31 1932

17 I HEREBY CERTIFY, That I attended deceased from October 28. 1932. to Oct 31. 1932.

that I last saw h[illegible] alive on Oct 30. 1932.

and that death occurred, on the date stated above, at 2.00 A m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary): Cardio Vascular Renal Disease

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 2200 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Nov 2 1932

20 UNDERTAKER: Enoch Grocock 1806 Allound

ADDRESS

M. D. B. 1268-9

E 84082

84082 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84082

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ....) St., 12-20 Ward

Length of residence in city or town where death occurred unknown yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Gardner

(a) Residence: No. 24 Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Lois Marbon

(Address) 24 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11-14 1932

19. UNDERTAKER Geo. T. B. Gibson

(Address) 1733 Druid Hill Ave

20. FILED 11-14 1932 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30/32

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1932, to 10-30, 1932

I last saw her alive on 10-30, 1932 Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	
Other contributory causes of importance: Bronchopneumonia	10-27-32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. Harris M. D.

(Address) Provident Hospital

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84083

E 84083

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 618 Collett St., 15-21 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mary Garrison

(a) Residence: No. 618 Collett St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Wh

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frank

6. DATE OF BIRTH (month, day, year): 1847

7. AGE: Years: 85 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Dorsey

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Taylor

16. BIRTHPLACE (city or town) (State or country): York Pa

17. INFORMANT: Frank Garrison

(Address) 618 Collett

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Oct 31, 1932

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Pressman St

31 1932 Huntington Williams, N.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Augy, 19..

I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Funk, M. D.

Coroner

(Address) Coroner

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84084 E 84084

CERTIFICATE OF DEATH

Registered No. 56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 16-23 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louie Chandler

(a) Residence: No. 1128 Mosher St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 18 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	0 11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ot

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Thomas Chandler

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Annie Upshur

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie Chandler

(Address) 1431 N Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 31 32

19. UNDERTAKER Thomas E Kelly Jr

(Address) 1303 Pennsylvania Ave

20. FILED Oct 31 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from ——, 19—, to ——, 19—

I last saw h— alive on ——, 19— Death is said to have occurred on the date stated above, at 7 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Oct
Other contributory causes of importance: Infection of Lungs	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Sedgwick M. D. Coroner

(Address) 1303 Fallsway

(Abbott)

1 PLACE OF DEATH
E 84085

E 84085 STATE OF MARYLAND
CERTIFICATE OF DEATH

County

Registration Dist. No. 93-083

Village or City Baltimore (No. 2227 W. Lexington St. Ward 9)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs. Mary E. Abbott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (If write the word)
Female	Wh. C.	Married

DATE OF BIRTH Jan. 31st, 1856 (Month) (Day) (Year)

AGE 76 yrs. 9 mos. 10 ds. | If LESS than 1 day, hrs. OR min.?

6 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry business, or establishment in which employed (or employer) Retired

7 BIRTHPLACE (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER — Crawford —

11 BIRTHPLACE OF FATHER (State or country) Washington

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (State or country) Unknown.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Walter Rice

(Address) 2227 W Lexington St.

Huntington Williams, M.D.

Oct 1932, 191 — R. C. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. (Month) 31st (Day), 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1932, to Oct 31st, 1932, that I last saw h~~e~~ alive on Oct 30th, 1932, and that death occurred on the date stated above, at 3 30a m.

The CAUSE OF DEATH * was as follows:

Broncho-pneumonia

(Duration) — yrs — mos 8 ds

Contributory / Secondary: Myocardial degeneration.

(Duration) — yrs — mos 3 ds

(Signed) Frank V. Beetem M.D.

Oct 31, 1932 (Address) Medical Arts Bldg.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 1 yrs — mos — ds. In the State 60 yrs — mos — ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mount Olivet — DATE OF BURIAL Nov 2, 1932

20 UNDERTAKER John F. Denny — ADDRESS 1715 Eagle St

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

M. D. B. 1268-9

84086 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84086

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 E. 22nd St. 12-50 Ward)

Length of residence in city or town where death occurred 60 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Celeste Foster

(a) Residence: No. 23 E. 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. Edwin Foster

6. DATE OF BIRTH (month, day, year) Dec. 28, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------- Maryland

MOTHER FATHER

13. NAME Andrew J. Saulsbury

14. BIRTHPLACE (city or town) (State or country) ------- Maryland

MOTHER

15. MAIDEN NAME -------

16. BIRTHPLACE (city or town) (State or country) ------- -------

17. INFORMANT Reuben Foster

(Address) 23 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 11/1 19 32

19. UNDERTAKER Henry W. Myers and Son

(Address) 5 E. Preston St.

20. FILED 11 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30/32 19

22. I HEREBY CERTIFY, That I attended/ deceased from Jan. 1931. to Oct 30 1932

Last saw h 21 alive on Oct 30 1932 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1925
Arterio Sclerosis	Gradual over past 5 years

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward Talbott M. D.

(Address) 1403 Park Ave

AdCo. 5-31 250B

E 84087

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84087

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 741 E. 36th St., 9-47 Ward)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 19 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William W. Lee

(a) Residence: No. 741 E 36th St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosa C. Lee

6. DATE OF BIRTH (month, day, year) Nov 19 1862

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
	69	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & P Telephone Co
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore ~~Maryland~~

MOTHER FATHER

13. NAME William Lee
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Eugene M. Thomas
(Address) 700 E 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place First Evangelical Church cemetery Date Nov 1, 1932
19. UNDERTAKER Chas. S. Black
(Address) 747 W. Lanvale Ave
LICENSE 31 1932 Registrar Huntington Williams Nov 1 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/20, 1932, to 10/30, 1932
I last saw h[illegible] alive on 10/29 1932 death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Chronic Nephritis	
Nephritis	10 D
Other contributory causes of importance:	
Broncho pneumonia & Heart failure	2

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry W Partridge, M. D.
(Address) 1623 E Baltimore

M. D. B. 1268-9

E 84088 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84088

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4816 Norwood Ave St., 28-64 Ward) Registered No. 186

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Bias Tyson

(a) Residence: No. 4816 Norwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Tyson

6. DATE OF BIRTH (month, day, year): Aug 30 1845

7. AGE: Years 89 Months 2 Days 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Md

13. NAME: Jonathan Tyson

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Eugenia Johnson

16. BIRTHPLACE (city or town) (State or country): Hagerstown Md

17. INFORMANT: Elizabeth Tinley

(Address): 4816 Norwood

18. BURIAL, CREMATION, OR REMOVAL: Frederick

Date: Nov 1, 19 32

Place: Not alive

19. UNDERTAKER: Harry H Whitaker

(Address): 4101 Edmondson Ave

Huntington Williams N.E. Registrar.

FILED 1932

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): Oct 30 32

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 32, 19..... I last saw h alive on Oct 30 32, 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Accident Fractured Skull Fell down steps Four hours

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Oct 30 32

Where did injury occur? 4816 Norwood (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury: Fractured Skull

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H E Flick Coroner, M. D.

(Address)

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 84089

84089

CERTIFICATE OF DEATH

Dr. Philip Towles

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 W. Clement St. 23-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Lynn Byus

(a) Residence: No. 135 W Clement St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 23rd 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	19	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Works
10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) City
(State or country)

MOTHER FATHER

13. NAME Samuel A. Byus
14. BIRTHPLACE (city or town) City
(State or country)
15. MAIDEN NAME Mary L. Stroupe
16. BIRTHPLACE (city or town) City
(State or country)

17. INFORMANT Mrs. Mary Byus
(Address) 135 W. Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date 11/4 1932

19. UNDERTAKER E. J. Fanning & Son
(Address) 1932 E Lafayette Ave

Huntington Williams M.D.
Registrar

11 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9. 32. 19..., to Oct 30. 32. 19...

I last saw him alive on Oct. 30 1932 and death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 yr. Previous.
Other contributory causes of importance:	

Name of operation — Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O'Neil B. Towles M. D.

(Address) 1132 Williams St.

M. D. B. 1268-B

84090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162 E 84090

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Edgewood St. 16-67 (Ward)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Virginia Price

(a) Residence: No. 732 Edgewood St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. H. Price

6. DATE OF BIRTH (month, day, year) March 15, 1839

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	93	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME ------- Madison

14. BIRTHPLACE (city or town) (State or country) ----

MOTHER

15. MAIDEN NAME ----

16. BIRTHPLACE (city or town) (State or country) ----

17. INFORMANT William B. Price
(Address) 2703 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Nov. 1, 1932

19. UNDERTAKER John B. Mitchell Sons
(Address) 1900 Eutaw Place

Huntington Williams, Md.

FILED ... Registrar.

31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 2nd 1932 to Oct 29th 1932

I last saw her alive on Oct 29th 1932 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

Senile asthenia	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) H. R. Lieske M. D.

(Address) 3921 Edmondson Ave.

M. D. B. 1268-9

84091 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84091

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3724 Green Mount Ave 12-49 (Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nannie C. Swartz

(a) Residence: No. 3724 Green Mount Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Thomas Edward Swartz

6. DATE OF BIRTH (month, day, year) Mch. 19. 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Crossley

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hewitt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John R. Swartz
(Address) 3724 Green Mount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Jim Cem. County, Date Nov. 1, 19 32

19. UNDERTAKER Wm. C. Mitchell Jr.
(Address) Baltimore, Md.

20. FILED Huntington Williams M.D. Registrar
11 1932 B. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30. 32 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 1921 . 19 . to Oct 30th . 1932

I last saw h[illegible] alive on 10 - 30 - , 1932 Death is said to have occurred on the date stated above, at 4.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10/25/32
Arteriosclerosis	
Other contributory causes of importance:	
Pulmonary Infarct	1921
Myocardial Insufficiency	1922

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) Lewis D. Gay M. D.

(Address) 1014 St. Paul St.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84092

131 E 84092

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No.) 26 North Madeira St., 6-10 Ward

2-FULL NAME Mary Wilkerson

(a) RESIDENCE NO. 26 N. Madeira St. 6 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Edward Wilkerson

6 DATE OF BIRTH (month, day, and year): Aug 17 1873

7 AGE: Years 59 | Months 2 | Days 12 16 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town): Dellaville

(State or country): Middlesex Co Va

10 NAME OF FATHER: Bazaliel Tompkins

11 BIRTHPLACE OF FATHER (city or town): Dellaville

(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Elizabeth Deagle

13 BIRTHPLACE OF MOTHER (city or town): Dellaville

(State or country): Virginia

14 Informant: Lyleanna Hurnd

(Address): 80 N Bacon

15 Filed: 1932 Huntington Williams Registrar P. P. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 29 1932

17 I HEREBY CERTIFY, That I attended deceased from October 23 1932 to October 29, 1932, that I last saw her alive on October 29, 1932, and that death occurred, on the date stated above, at 8.15 A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) ..... yrs. 7 mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of.....

Was there an autopsy? No

What test confirmed diagnosis? Urine Analysis

(Signed) Alfred A. Brudick M. D.

Oct 29 1932 (Address) 2221 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet Cemetery — Date of Burial: Nov 1st 1932

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84093

CERTIFICATE OF DEATH

E 84093

82-001

Registered No. 20-64

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2438 W. Franklin St. (or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Miller

(a) Residence: No. 2438 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

3a. If married, widowed, or divorced (or) WIFE of Casper Miller

6. DATE OF BIRTH (month, day, year) August 10 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(R)	63	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home-wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME William Champagne

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Emma Wirt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Florence Hester

(Address) 2438 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 1st 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 1 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30 - 1932

22. I HEREBY CERTIFY, That I attended deceased from October 19 1932 to October 30 - 1932

I last saw her alive on October 29 1932 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	10-19-32
Other contributory causes of importance:	
Hypertension	unknown

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

1-20—M. & T.—100 B—501.

E 84094

Samia ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84094

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 76-37 WARD)

2-FULL NAME Angelo M Samia

(a) RESIDENCE No. 633 S. Newkirk ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Angelo Samia

6 DATE OF BIRTH (month, day, and year) about 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bethlehem Steel Co

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER unknown Angelo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant S. T. Mancuso
(Address) 633 Forest St Huntington Station, N.Y.

15 Filed ..... 1932 ..... 192 ..... Registrar R. C. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rheumatic Myocarditis
Mitral Valve

(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism (duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) James M Fenlon, M. D.
Coroner

Oct. 31, 1932 (Address) Point Breeze

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 11/1/32

20 UNDERTAKER George J Kurtz Inc

ADDRESS 1731 Fulton

1-30—M. & T.—100 B—501.

Kelly

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84095

CERTIFICATE OF DEATH

E 84095

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital ST. 11-15 WARD)

2-FULL NAME James T. Kelly

(a) RESIDENCE No 812 St. Paul ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 22 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74		8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Printer 63
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Retired

9 BIRTHPLACE (city or town) Balto City
(State or country)

PARENTS

10 NAME OF FATHER James Kelly

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Ireland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Maria Kelly

(Address) 632 N Broadway

15 Filed ..... 1932 ..... Huntington Williams, Jr. Registrar
1 1932 R. G. H

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said inquiry
(Inquest, autopsy or inquiry.)
find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ..... yrs. ..... mos 2hrs ..... ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) ..... yrs. ..... mos. ..... da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Taylor, M. D.
Coroner

12 31, 1932 (Address) 701 E. Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 11/2/32 19

20 UNDERTAKER George J Roth Sons — ADDRESS 1730 Hanford

M. D. B. 1268-0

E 84096 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84096

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804-E. North Ave. St., 9-18 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George F. Fenner

(a) Residence: No. 804-E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda (Brooks) Fenner

6. DATE OF BIRTH (month, day, year) 7/1/1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
67	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholster 085

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME George Fenner

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Barbara Gerber

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Matilda Fenner

(Address) 804-E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 11/3/32, 19

19. UNDERTAKER George E. Pierpont Inc

(Address) 1 Huntington Ave Boston Mass

Filed 1932 R.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 31, 1932

I last saw him alive on Oct 31, 1932 Death is said to have occurred on the date stated above, at 2 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Chronic Interstitial Nephritis Hemaplegia (Cerebral)	
Other contributory causes of importance: Pulmonary Oedema	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Norbert C. Hetsch, M. D.

(Address) 2151 Wilkens Ave

AACo. 5-H 2508

84097 HEALTH DEPARTMENT—CITY OF BALTIMORE 84097

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp (16-27) Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos 14 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Gatz

(a) Residence: No. 1409 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 17th 1932

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Michael F. Gatz

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME Carl Harper

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mr Michael F. Gatz
(Address) 1409 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 11/1/1932

19. UNDERTAKER John F Coward & Son
(Address) 901 Fallsway

20. FILED 1-1-1932 Huntington, West Virginia, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31-32 19

22. I HEREBY CERTIFY, That I attended deceased from 10-30-32, 19..., to 10-31-32 19...
I last saw him alive on 10-31-32 19... death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Obst.	
Faecal Impaction	

Other contributory causes of importance:

Name of operation Laparotomy Date of 10-31-32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. W. Donohue, M. D.

(Address) Bon Secours Hosp

Spec.—7-17-26—A Co.—200 Bks.

E 84098

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84098

CERTIFICATE OF DEATH

REGISTERED NO. 49

1-PLACE OF DEATH

City of BALTIMORE: (No. 1528 Riverside Ave St. 24-34 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Anna May Dudley

(a) RESIDENCE NO. 1528 Riverside Ave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1863.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	69 yrs.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto Md

(State or country)

PARENTS

10 NAME OF FATHER Joseph Arnold

11 BIRTHPLACE OF FATHER (City or town) Germany

(State or country)

12 MAIDEN NAME OF MOTHER Finkmont

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

14 Informant Ina Dudley

(Address) 1528 Riverside Ave

15 Filed NOV 1 - 1932 19 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 29 19 32

I HEREBY CERTIFY, That I attended deceased from Oct 15 19 32 to Oct 29 19 32

that I last saw her alive on Oct 29 19 32 at 4 30 P. m.

and that death occurred, on the date stated above, at 4 30 P. m.

The CAUSE OF DEATH* was as follows: Myocardial insufficiency.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma (Abdominal, probably originating from ovary).

(duration) yrs. mos. ds.

18 Where was disease contracted —

if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John A. Ehrensnick M. D.

19 (Address) 1337 S Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet — Date of Burial Nov. 1 '32

20 UNDERTAKER Drew McCully — ADDRESS 128 E Fort ave

Very important. See instructions on back of certificates.

E 84099

1-30—M & T—100 B—50L

E 84099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 183

1-PLACE OF DEATH Found floating in the water at 21-32

CITY OF BALTIMORE: (No. Foot of Bush St. ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Unknown.

(a) RESIDENCE NO Do not know. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., If of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Do not know.
(b) General nature of industry, business, or establishment in which employed (or employer) 687
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Do not know.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Police Report. S.D.

(Address)

Filed ..... 1932 ..... Registrar

IN THE MORGUE

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Found October 18, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Drowning.
Probably accidental.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

10/27/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Potters Cemetery

DATE OF BURIAL Oct 31 19

20 UNDERTAKER Bureau of Health

ADDRESS

M. D. B. 1268-9

E 84100 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84100

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 St Mary's St. 17-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Burke

(a) Residence: No. 560 St Mary's St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/29/32

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or 60 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Burke

14. BIRTHPLACE (city or town) (State or country) Lynchburg, Va

MOTHER

15. MAIDEN NAME Marie Johnson.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother, 560 St. Mary's St.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Time Date Oct 31, 1932

19. UNDERTAKER Commissioner Realty
(Address)

20. FILED 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/29, 1932 to 10/29, 1932

I last saw h[illegible] alive on 10/29/32 10:20 AM, 19 . Death is said to have occurred on the date stated above, at 10:30 Am.

The principal cause of death and related causes of importance were as follows:

Prema turity

2 Hrs.

Date of onset

Other contributory causes of importance:

Ill for week

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. R. 1268-0

4101

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84101

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2202 Callow ave St., 43-54 Ward.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elchanon Schechter

(a) Residence: No. 2202 Callow ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inventor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Schechter

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Rebecca Schechter

(Address) 2202 Callow ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern ave Date Nov. 1, 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1121 E Baltimore st

Huntington Williamsport Pa

Licensed Embalmer.

FILED NOV 1 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/26, 1932, to 11/1, 1932

I last saw h.. alive on 11/1, 1932. Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/21/32
Arterial Thrombosis	9/14/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) R Rosenberg M. D.

(Address) 2220 Eutaw Pl

M. D. B. 1268-9

E 84102 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84102

CERTIFICATE OF DEATH

Registered No. 32-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 20-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Levin

(a) Residence: No. 433 N. Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Rebecca

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Russia

FATHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Jack Levy Inc. 439 E Balto St Date 19

19. UNDERTAKER Hebrew Friendship — 11-1-32

(Address)

20. FILED 1 1932 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-20 1932 to 10-31 1932

I last saw him alive on 10-31 1932 Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Acute Myocardial Degeneration.

Date of onset 10-30-32

Other contributory causes of importance:

Name of operation Hemioplasty Date of 10-29-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Brams M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

84103 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84103

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N Collington Ave 6-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Schindler

(a) Residence: No. 14 N Collington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nathan Schindler

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

PARENTS

13. NAME Joseph Berdichefsky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Olla

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nathan Schindler-Husband

(Address) 14 N Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Place Rosedale Cem. Date 11-1-32 19

19. UNDERTAKER Jack Levy & Son

(Address) 1439 E Baltimore St.

20. FILED NOV 1 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct ..., 19 32 to Oct 31, 1932

I last saw her alive on Oct 31, 1932 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Carcinoma of Rectum	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. C. Feldman, M. D.

(Address) 1420 E Baltimore St.

AdCo. 5-31-2500

E [redacted] E 84104

HEALTH DEPARTMENT—CITY OF BALTIMORE

E [redacted] E 84104

CERTIFICATE OF DEATH

V 159 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6720 Brentwood Ave St., 16-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Waryasz

(a) Residence: No. 6720 Brentwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
undetermined	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23 - 32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 3 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Waryasz.

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Helen Yanczak.

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT John Waryasz.
(Address) 6720 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Rosary Date May 24 1932

19. UNDERTAKER H. G. Brzeluski
Address 3939 Eastern Ave.

20. FILED ... 19... Health Officer. Registrar.

1932
MAY 24
CITY 1 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1932, to June, 19...
I last saw h... alive on May 23, 1932 death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	5-23-32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) Milton L. Solomon M.D. M. D.

(Address) 117 S. Broadway

M. D. R. 1268-9

84105 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 84105

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Penhurst Ave St. 28-63 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur R. Milby

(a) Residence: No. 4300 Penhurst Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ann Milby

6. DATE OF BIRTH (month, day, year) Feb 1 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manayunk Pa.

13. NAME Arthur W. Milby

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Rebecca P. Levis

16. BIRTHPLACE (city or town) (State or country) Upperco Pa.

17. INFORMANT William A. Milby

(Address) 3614 Hillsdale Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Nov 2 1932

19. UNDERTAKER Henry H. Amoss & Son

(Address) 4204 Ridgewood Ave.

FILED Nov 1 1932 Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1932 to Oct 30 — 1932

I last saw him alive on Oct 30, 1932 Death is said to have occurred on the date stated above, at 9-47 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ascending-Sclerosis-Senile	?
Cerebral Hemorrhage	Oct 28
Acute Cystitis	Oct 28

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hadley Cole, M. D.

(Address) 2707 Garrison Blvd

A4Co. 5-H 250B

84106

HEALTH DEPARTMENT—CITY OF BALTIMORE 84106

CERTIFICATE OF DEATH

Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Snyder #2

(a) Residence: No. Sinai Hospital St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Colnr or Race	5. Single, Married, Widnwed, or Divorced (write the word)
M.	W	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 31-32

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or 30 min.
—	—	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bankkeeper, etc. Stillborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME David Snyder

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Minnie Blair

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Snyder
(Address) 2123 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 11-1-32

19. UNDERTAKER Lack Bros Inc
(Address) 1911 E. Baltimore

Filed Nov 1 1932 Huntington Pollitzer, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31/32 19

22. I HEREBY CERTIFY, That I attended deceased from 10/31/32, 19 ... to 10/31/32, 19 ...

I last saw him alive on 10/31/32, 19 ... death is said to have occurred on the date stated above, at 10 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Immaturity	
(b)	
(c)	
(d)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Victor Paul Cohen, M. D.

(Address) Sinai Hospital

A&Co. 5-11 250B

84107

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84107

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Snyder #1

(a) Residence: No. Sinai Hospital St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 31-32.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 8 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Still Born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME David Snyder

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Minnie Glat

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Snyders
(Address) 2123 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cem Date 11-1-32 19

19. UNDERTAKER Jack Levin Co
(Address) 2433 E Baltimore St

20. FILED 11-1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31/32. 19

22. I HEREBY CERTIFY, That I attended deceased from 10/31/32, 19... to 10/31/32, 19...

I last saw him alive on 10/31/32 19... death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Clarke Robert Ellis, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

84108 HEALTH DEPARTMENT—CITY OF BALTIMORE 84108

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 34

CITY OF BALTIMORE: (No. Baltimore & Broadway St., Ward 7-20)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Brown

(a) Residence: No. 637 George St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edward

6. DATE OF BIRTH (month, day, year): Apr 4 1640

7. AGE: Years 92 | Months 6 | Days 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 041

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Alexander Queen

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Mary

16. BIRTHPLACE (city or town) (State or country): Richmond Va

17. INFORMANT: Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 1 1932

19. UNDERTAKER: Mrs Katie R Williams
(Address) 322 N Schroeder St.

FILED 1932 Huntington Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1932 to 10-30 1932

I last saw her alive on 10-30 1932 Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease Syphilitic Aortic insufficiency	5-1-32
Other contributory causes of importance: Acute myocardial insufficiency	10-10-32

Name of operation: None Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

10-30-32 (Signed) Chas H Peters M. D.
(Address) Balto City Hospitals

M. D. R. 1268-9

84109

E 84109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 13-57 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph M Jayne, 3rd

(a) Residence: No. 1406 Hollins wood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) July 18, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3 mos	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) New York City N.Y.

MOTHER FATHER

13. NAME Joseph M Jayne Jr.

14. BIRTHPLACE (city or town) (State or country) Miss.

15. MAIDEN NAME Mary E Warner

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Joseph M Jayne III
(Address) 1406 Hollins wood Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cemetery Date 11/1 1932

19. UNDERTAKER Williams Cook
(Address) 1217 E Saint Paul St

11 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1932 to Oct 28 1932

I last saw him alive on Oct 28 1932 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious diarrhea	10-15-32
Broncho pneumonia	10-26-32

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Josiane Sterling M. D.

(Address) Union Memorial Hospital

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84110

CERTIFICATE OF DEATH

93-E 84110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1404 Highland Ave St. 26-37 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Gunnel Cooksey

(a) Residence: No. 1404 S. Highland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced
(or) WIFE of Charles Cooksey

6. DATE OF BIRTH (month, day, year) June 27, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Berryville Virginia

13. NAME Henry Tromling

14. BIRTHPLACE (city or town) (State or country) York Pa.

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Charles Cooksey

(Address) 1404 S. Highland

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Nov. 2 1932

19. UNDERTAKER John G. Connelly

(Address) Catonsville Md.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1932, to Oct 30, 1932

I last saw her alive on Oct 30, 1932 death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Arteriosclerosis	1932
Myocarditis	1932

Other contributory causes of importance:

Cerebral Hemorrhage - Hemi-plegia	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward F. Kelemen, M. D.

(Address) 3507 Fairfax

Spec.—9-30—A. & Co.—250 Bks

84111

E 84111

HEALTH DEPARTMENT—CITY OF BALTIMORE

1317

CERTIFICATE OF DEATH.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 314 N. Bruce street St. 19-27 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Nettie (Nellie) White

(a) RESIDENCE NO. 314 N. Bruce st. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Negro	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Arthur White

6 DATE OF BIRTH (month, day, and year) Unknown 1882

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	Fifty	Unknown		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South River, Md.

PARENTS

10 NAME OF FATHER Richard Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) West River, Md.

12 MAIDEN NAME OF MOTHER Susan West

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West River, Md.

14 Informant Arthur White

(Address) 314 Bruce st.

15 Filed 1-1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29th. '32

17

I HEREBY CERTIFY, That I attended deceased from Oct 26th, 1932, to Oct 29th., 1932

that I last saw her alive on Oct 28th. 1932

and that death occurred, on the date stated above, at 1.45 p.m

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

Mitral xins.

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Mitreal Ins. Ch. Int. Neph.

Unknown (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At placeof Death

Did an operation precede death? No

Was there an autopsy? No

What test confirmed diagnosis? Phy. Exam.

(Signed) Walter J. Jackson M. D.

. 19 (Address) 1631 W. Franklin st.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Nov 1, 1932

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 323 Schroeder St.

M. D. B. 1268-9

E 84112 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84112

265 CERTIFICATE OF DEATH 34

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St. 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Mack

(a) Residence: No. 114 Main St., Ward. Perstenstown Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 5-17-1870

7. AGE: Years 62 | Months 5 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION:
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER
13. NAME Nicholas Gillet
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Mary ater
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St Luckes Date 11/1 1932

19. UNDERTAKER Morgan H Holland
(Address) 1430 Pennsylvania Ave Baltimore Md

FILED 11-1-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932 to Oct 29, 1932
I last saw her alive on Oct 29, 1932 Death is said to have occurred on the date stated above, at 4.20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cardiac Hypertrophy	?
Hypertension	
Other contributory causes of importance:	
Syphilis	1920

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T Rebecca Lee M. D.
(Address) Johns Hopkins Hospital

M. D. F. 1788-9

34113

E 84113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2-57 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Hild

(a) Residence: No. 3422 St. Ambrose St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Catherine Hild

6. DATE OF BIRTH (month, day, year): June 1, 1905

7. AGE: Years: 27 | Months: 4 | Days: 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Garage Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: James Hild

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Emma Zarnitz

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 11/2 '32

19. UNDERTAKER: Vernon Lamman

(Address) [illegible]

FILED 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-29, 1932 to 10-30, 1932

I last saw h[illegible] alive on 10-30, 1932 Death is said to have occurred on the date stated above, at 11:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of Rt Lung & Stomach	15 days?

Other contributory causes of importance:

Chronic Bronchitis	? yrs.
Infected Tonsils & Pneumonitis	? yrs.

Name of operation Radical Sinus & Tonsillectomy Date of Oct 5, 1932

What test confirmed diagnosis Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Burns, M. D.

(Address)

Spec.—1-10-21—M&T—1500 Blks.

84114

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84114

46

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1176 N Carey St., 16-23 WARD)

2-FULL NAME Adrian Holton

(a) RESIDENCE NO. 1176 N Carey ST., ... WARD .....
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth Holton.

6 DATE OF BIRTH (month, day, and year): Aug 2, 1897

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
35	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Chauffer 023

(b) General nature of industry, business, or establishment in which employed (or employer): Hacking Car

(c) Name of employer: Self Balto. Md.

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Clarice Holton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Caroline Hubert

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Ruth Holton
(Address): 1126 N. Carey st.

15 Filed NOV 1 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 30 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1932, to Oct 30, 1932, that I last saw h— alive on Oct 30, 1932, and that death occurred, on the date stated above, at 10 50 A m.

The CAUSE OF DEATH* was as follows:

Cardiac failure due to nitro-abdominal pressure.

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no: refused

What test confirmed diagnosis? Clinical

(Signed) Bernard T. French M. D.

Oct, 19 (Address) 2329 Arunah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: Nov. 2 1932

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Pressman St

E 84115

(Spec. ... A.A. No.—250 Blks)

E 84115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 N. Gilmore St. 16-27 WARD)

2-FULL NAME Preston Roy

(a) RESIDENCE NO. 608 N. Gilmore St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
male	colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 23, 1914

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Essex Co Va

PARENTS

10 NAME OF FATHER Cubit Roy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah Moody

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sarah Moody.
(Address) 608 N. Gilmore St

15 Filed ..... 19 ..... Registrar

Remington Millrick, H.S.
Reft.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31-32

17 I HEREBY CERTIFY, That I attended deceased from June 1- 1932 to Oct 29 1932

that I last saw h[illegible] alive on Oct 29 1932

and that death occurred, on the date stated above, at 5 a m

The CAUSE OF DEATH* was as follows:

Phthisis Pulmonalis ? ? ?

Exhaustion (duration) yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. B. Hughes M. D.

Oct 31-32 (Address) 1413 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion Cemetery

DATE OF BURIAL Nov. 3 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

M. D. B. 1268-9

84116 HEALTH DEPARTMENT—CITY OF BALTIMORE 84116

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 3-4 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Edward Sims

(a) Residence: No. 237 S. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 8/1895

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

13. NAME George Sims

14. BIRTHPLACE (city or town) (State or country) Wash., D.C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Eliza Tate
(Address) 237 S. Spring St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Nov. 1 ..., 19 32

19. UNDERTAKER Wendell Phelps
(Address) 1 W. Lafayette Ave

20. FILED 11-1-1932 19 ... Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at about 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably (Lobar) Pneumonia	5 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John Lee Coroner, M. D.

(Address) 508 E Monument

M. D. B. 1265-9

34117 HEALTH DEPARTMENT—CITY OF BALTIMORE FR 34117

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1139 Carroll St.) (Ward) 21-29

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 23 yrs. ... mos. ... ds.

2. FULL NAME Frank A. Koch

(a) Residence: No. 1139 Carroll St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 28, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	8	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired U.S.A. Sergt. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER

13. NAME Henry Koch

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Gertrude I. Manville
(Address) 1139 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 2, 1932

19. UNDERTAKER Mrs. Mrs. John W. Tenfelder Son
(Address) 801 Lafayette Ave. Huntington Station, N.Y.

Nov 1-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929 to Oct 29, 1932

I last saw him alive on Oct 29, 1932 Death is said to have occurred on the date stated above, at 9.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Cancer	1927
Broncho-Pneumonia	Oct 27

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Harry J. Gates, M. D.

(Address) 523 Scott St

E 84118

1-30—M & T—100 B—50L.

84118

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD) 4th

2-FULL NAME John Stefansson.

(a) RESIDENCE No. 2012 N. Lanvale St. ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 14 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced, HUSBAND of Solveig Stefansson.

6 DATE OF BIRTH (month, day, and year) April 27, 1873

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work U.S. Inspector. 0
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Iceland.

PARENTS

10 NAME OF FATHER Stefan Stefansson.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Iceland.

12 MAIDEN NAME OF MOTHER---- Vetusalemson.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Iceland.

14 Informant Solveig Stefansson. (wife)

(Address) 2012 N. Lanvale St.

15 Filed _____ 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 29, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry.) and inquiry find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Contusion of scalp with multiple Hematomata. Subdural (Pachymeningitis hemorrhagica, Arteriosclerosis Cerebral (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Microscopic Examination (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? U. S. Industrial Otc. Co. October 10, 1932

Did an operation precede death? No. Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & inquiry

(Signed) Otto M. Einstrat, M. D. Coroner

10/31/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Nov 19

20 UNDERTAKER Richard J. Freyer

ADDRESS 1420 Asbuntare

OVT - 1932 Huntington Hilliard, N.

M. D. B. 1268-9

E 84119

E 84119 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-10 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucille Johnson

(a) Residence: No. 805 Pierce st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 3, 1909

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	4	26	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina ?

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) South Carolina ?

15. MAIDEN NAME Maggie ?

16. BIRTHPLACE (city or town) (State or country) South Carolina ?

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Interment of Md Date Oct 1 1932

19. UNDERTAKER Commissioner Health
(Address)

20. FILED 1-1932 Registrar for Williams N.T.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from August 29 1932 to Oct. 29 1932

I last saw her alive on October 29 1932. Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Moore M. D.

(Address) Baltimore City Hospitals.

M. D. H. 1268-9

84120 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13/E 84120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md St. 3 - 4 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Burke (Daniel Burton Esq.

(a) Residence: No. 1421 Bounty Lane St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret ?

DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45 6/12 1750			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Roanoke, Md
(State or country)

13. NAME Unio —

14. BIRTHPLACE (city or town) Christfield, Md
(State or country)

15. MAIDEN NAME Margaret —

16. BIRTHPLACE (city or town) Christfield, Md
(State or country)

17. INFORMANT Record, Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Date Oct 1 . 19 32

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-27 . 1932 to 10-29 . 1932

I last saw him alive on 10-29 . 1932 Death is said to have occurred on the date stated above, at 6.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio — Vascular renal disease ~~tooth~~	Unknown

Other contributory causes of importance:

Acute myocardial insufficiency	10 Wks

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

10 31-32 (Signed) Elmer Hitzberger M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84121

CERTIFICATE OF DEATH

E 84121

82-006 Registered No.

1. PLACE OF DEATH Baltimore City Hospital 36-37 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Johnston

(a) Residence: No. Baltimore St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) ? 1882

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Balto City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Oct 1932

19. UNDERTAKER Commissioner Health
(Address)

20. FILED 1932 Washington Tibbins M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-10 1932 to 10-30 1932

I last saw h. alive on 10-30 1932 Death is said to have occurred on the date stated above, at 6.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum multiple	Unknown
Other contributory causes of importance: Bronchopneumonia	10-27-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

10-30-32 If so, specify

(Signed) Elmer Hightberger, Jr. M. D.

(Address) Balto. City Hospital

M. D. H. 1268-B

84122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1572 84122

1. PLACE OF DEATH — Provident Hospital — Registered No. ....

CITY OF BALTIMORE: (No. .... St. 22-30 .... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Baby Stuart

(a) Residence: No. 537 W. Lee St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/22/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME ....

14. BIRTHPLACE (city or town) ....
(State or country)

MOTHER

15. MAIDEN NAME Martha Stuart

16. BIRTHPLACE (city or town) Balto 537 W. Lee
(State or country)

17. INFORMANT ....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred o/m Date Oct 1 1932

19. UNDERTAKER ....
(Address)

20. FILED 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/24/32 to 10/30/32

I last saw h[illegible] alive on 10/30/32 Death is said to have occurred on the date stated above, at 6.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Meningitis (non specific)	

Other contributory causes of importance:

Spina bifida

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of Injury .... 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....

(Signed) [illegible] M. D.
(Address) [illegible]

Spec.—9-30—A. & Co.—250 Bks

84123 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46 E 84123

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1620 Millimon St ST. 7-13 WARD)

2-FULL NAME Isiah PinKney

(a) RESIDENCE NO. 1620 Millimon ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	col.	Married

5a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary PinKney

6 DATE OF BIRTH (month, day, and year) 7-11-1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teamster 623

(b) General nature of industry, business, or establishment in which employed (or employer) clothing

(c) Name of employer Maryland Cloak Co

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Jeremiah PinKney

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Henrietta Johnson

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Mary PinKney
(Address) 1620 Millimon St

Filed 1-1932 19 Huntington Williams N.S. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-30-32

17

I HEREBY CERTIFY, That I attended deceased from July 15 , 19 32 to Oct. 30 , 19 32

that I last saw him alive on Oct. 29 , 19 32

and that death occurred, on the date stated above, at 12:35A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of intestines

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? X-ray

(Signed) Rayner Browne M. D.

, 19 (Address) 1500 E. Madison

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cem.

DATE OF BURIAL 11-2 1932

20 UNDERTAKER Byron & Mamie Wright 1518 McElderry St

ADDRESS

AACo. 5-31 250B

84124

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 E 84124

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 16-69 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Augusta Boyd

(a) Residence: No. 2590 Edmondson Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6a. If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Louis L. Boyd.

6. DATE OF BIRTH (month, day, year) Feb. 20, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME William H. Benton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Agnes Reynolds.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Husband.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Dec 2, 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED Huntington Williams, Registrar.
Dec 2 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1932, to Oct. 30, 1932

I last saw h[er] alive on Oct 30, 1932 death is said to have occurred on the date stated above, at 4.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of the Heart	Oct 30, 1932
Other contributory causes of importance:	
Cancer of the Uterus	5 months

Name of operation D & C Date of Oct 22, 1932

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Allen Deckert, M. D.

(Address) Woman's Hospital

M. D. B. 1268-9

84125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-E 84125

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3105 Walbrook Ave. St. 15-67 Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laura Virginia Downey

(a) Residence: No. 3105 Walbrook Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of David W. Downey

7. DATE OF BIRTH (month, day, year) Feb. 8, 1864

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Rock Hall
(State or country) Kent Co., Md.

13. NAME Thomas Urie

14. BIRTHPLACE (city or town) .....
(State or country) Md.

15. MAIDEN NAME Laura J. Hutchison

16. BIRTHPLACE (city or town) .....
(State or country) Md.

17. INFORMANT David W. Downey
(Address) 3105 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Nov 2, 1932

19. UNDERTAKER John F. Denny
(Address) 1143 Light St.

20. FILED Nov 2 1932 Huntington Williams, M.D. C. H. O. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th, 1932 to Oct 30th, 1932

I last saw h-er alive on Oct 30th, 1932 Death is said to have occurred on the date stated above, at 11.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	10/29/32

Other contributory causes of importance:

Asteroid Sclerosis

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) J. M. Byerly, M. D.

(Address) 304 W. North Ave.

M. D. B. 1268-9

84126 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84126

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton and Wilkens Ave St. Josephs Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margaret Owens

(a) Residence: No. 3421 Kenyon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: James J. Owens

6b. DATE OF BIRTH (month, day, year): April 23 1866

7. AGE: Years 66 | Months 6 | Days 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt, Md

13. NAME: George Uebell

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Mary Kuntz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Daughter - Helen Geraghty

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Nov 3 19 32

19. UNDERTAKER: Chas E Davis & Son

(Address) 1128 W Pratt & 1 Preston Apts Washington Pl Balto. Md

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1932 to Oct 31-32 1932

I last saw her alive on Oct 31 1932 Death is said to have occurred on the date stated above, at 11 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	

Other contributory causes of importance:

Chronic nephritis with hypertension

Arteriosclerosis

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) George Gordon M. D.

(Address) St Agnes Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84127 E 84127

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 N. Bond St. 8-17 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John George Rupp

(a) Residence: No. 1305 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Rose R. Rupp

6. DATE OF BIRTH (month, day, year) Sept. 23, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1928

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME August Rupp

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Manns

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Rose Rupp (Wife) 1305 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date Nov. 2, 1932

19. UNDERTAKER Henry Sander & Sons, Inc. F. Sander
(Address) Baltimore St. & Broadway.

20. FILED 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/2/32, 19..., to 10/30/32, 19...
I last saw him alive on 10-30, 1932. Death is said to have occurred on the date stated above, at 5.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	10/27/32
Other contributory causes of importance: Carcinoma Bladder	10/1/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

10/31/32 (Signed) Daniel Miller, M. D.
(Address) 1500 Bdway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84128

E 84128

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1025 Druid Hill St. 11-24 (Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa Lemkey

(a) Residence: No. 1025 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fem | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jno

DATE OF BIRTH (month, day, year): Jan 10-1876

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	56	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 90

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick Md.

13. NAME: Les Smith

14. BIRTHPLACE (city or town) (State or country): Frederick Co Md

15. MAIDEN NAME: Jane Campbell

16. BIRTHPLACE (city or town) (State or country): Frederick Co Md

17. INFORMANT: Annie Dent

(Address): 1025 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place: W. Arlington Date: Nov 14, 1932

19. UNDERTAKER: Jesse W. Coleman

(Address): 1436 W. Baltimore St

FILED: 1932 Huntington Hilligas M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation: None Date of: None

What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leo Finck, M. D. Coroner

(Address) ...

)—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84129

84129

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1-PLACE OF DEATH

ITY OF BALTIMORE: (No. 337 E. 20th St. (Ward) 12-14

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Andrew Carll

(a) RESIDENCE NO 337 E. 20th St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mary J. Carll

6 DATE OF BIRTH (month, day, and year) July 24th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	7	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Oil Filler
(b) General nature of industry, business, or establishment in which employed (or employer) Balto City Oil Co
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) Balto Md
(State or country)

10 NAME OF FATHER Frederick Carll

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Mary J Carll

(Address) 337 E. 20th St

Filed ..... 192 ..... Registrar

1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Earl Mossner, Coroner, M. D.

11/1, 1932 (Address) 2532 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Nov 3rd 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

M. D. B. 1268-B

84130 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84130

CERTIFICATE OF DEATH

104-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 E. Oliver St., 10-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William P. Smith

(a) Residence: No. 1219 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 19th 1911

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
20	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John F. Smith
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma A. Via
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma V. Smith
(Address) 1219 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 4th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Nov 7 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932 to Nov 1, 1932
I last saw h.. alive on Oct 31, 1932 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthma - emphysema + cardiac dilatation -	Aug 1927
Other contributory causes of importance: Pan sinusitis - nasal polyps - + obstruction -	June 1927

Name of operation ..... Date of .....
What test confirmed diagnosis? Xray Was there an autopsy? Nt

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Harry A. McCarty M. D.
(Address) 2711 Preston St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84131 E 84131

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIV. HOSP. St. 22-30 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME WILLIAM LLOYD

(a) Residence: No. 324 S. PACA St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) About 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	2.	2.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Annie McGuire
(Address) 709 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 4th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1932 ... (Date) 1270 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-29 1932 to 10 31 1932

I last saw him alive on 10-31 1932 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHO PNEUMONIA	

Other contributory causes of importance:

O H D A 5 13	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. Richard Knight M. D.

(Address) Univ. Hosp.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84132

E 84132

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 332 N Charles St., 15-63 Ward)

2-FULL NAME G. Julius Smith D.D.S.

(a) RESIDENCE No. 3912 Liberty Hgts. ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Clara V. Smith

6 DATE OF BIRTH (month, day, and year) July 16 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	3	15 16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dentist 55
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Washington D.C.

PARENTS

10 NAME OF FATHER Emil Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Johanna Wolf

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Clara V. Smith

(Address) 3912 Liberty Hgts. ave

15 Filed Nov 3 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1st 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis, Cardiac Thrombus 9

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton, M. D. Coroner

Nov 1 1932 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery

DATE OF BURIAL Nov 3 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

AaCo. 5-31 250B

84133

HEALTH DEPARTMENT—CITY OF BALTIMORE

59 E 84133

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balt. Gen. Hosp. St., 16-67 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mark Shadrick

(a) Residence: No. 1408 Poplar Grove St., ... Ward. Balt. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

6a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Alice R. Shadrick

7. DATE OF BIRTH (month, day, year) 11/24/1869

8. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	63	1	11	5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Coal Business

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Mary Shadrick

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Walter

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Adelaide R. Shadrick

(Address) 1408 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place Holly Lee St Marys Co Md Date Nov 2nd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed NOV 1 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/6, 1932 to 10/31, 1932

I last saw him alive on 10/31, 1932 death is said to have occurred on the date stated above, at 10:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbuncle of Neck + upper back (over)	Aug. '32
Other contributing causes of importance: diabetes mellitus	Aug. 1930

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify. .....

(Signed) [illegible] M. D.

(Address) [illegible] Balt Gen. Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84134 — E 84134

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Josephs Hosp. — Registered No. 53

CITY OF BALTIMORE: (No. ... St. 21-24 ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm. Stumpf

(a) Residence: No. 826 Washington Blvd. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Emma Irene Stumpf

6. DATE OF BIRTH (month, day, year) Jan 8th 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Kilian Stumpf

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma I. Stumpf

(Address) 826 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 3rd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1932 Huntington Wilkins, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1932 to Oct 31 1932

I last saw him alive on Oct 31 1932 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Tumor	?
Other contributory causes of importance: Arteriosclerosis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) K. F. Graves M. D.

(Address) St. Josephs Hosp.

1-30—M. & T.—100 B—50L

84135

E 84135

E 84[illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3947 Clover Hill Road ST. 12-19 WARD

2-FULL NAME George F. Patterson

(a) RESIDENCE NO 3947 Clover Hill Road ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Graham

6 DATE OF BIRTH (month, day, and year) Sept. 1, 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	1	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Alexandria
(State or country) Virginia

PARENTS

10 NAME OF FATHER Not obtainable

11 BIRTHPLACE OF FATHER (city or town) "
(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) "
(State or country) "

14 Informant Mrs. Lillian Scopinich

(Address) 3947 Clover Hill Road

15 Filed 12-1932 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry, find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Old Age

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [signature] Coroner, M. D.

12/1, 1932 (Address) 1632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cemetery

DATE OF BURIAL 12/2 1932

20 UNDERTAKER Henry A. Myers and Son

ADDRESS 805 N. Calvert

Spec.—8-16-29—L. F. S.—100 Bks.

E 84136

E 84136

186-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

O.K. D.P. Sturgis M.D.

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3141 Elliott ST. 1-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John A. Reif

(a) RESIDENCE NO. 3141 Elliott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Reif

DATE OF BIRTH (month, day, and year) March 13. 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	7	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Grocer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER George Reif

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Wick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs. Anna Reif

(Address) 3141 Elliott St.

Filed Nov. 2 1932 Hunting [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 29. 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 13th, 1932 to Oct. 29th, 1932

that I last saw him alive on Oct. 29th, 1932

and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Traumatic Septicemia. Fe

(duration) yrs. mos. 16 ds.

CONTRIBUTORY (Secondary) Due to fall (over

(duration) yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? ~ 4th

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) David H. Jones, M. D.

11/1/1932 (Address) 1011 E. Ellwood Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Bachman's Cemt.

DATE OF BURIAL Nov. 2 1932.

20 UNDERTAKER Geo W. Zirkler

ADDRESS 1737 E. Eager St.

No. 84137

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 84137

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 S. Clinton St. 26-1 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Gebhardt

(a) Residence: No. 940 S. Clinton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherne Gebhardt

6. DATE OF BIRTH (month, day, year) Jan. 6 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Gebhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Krug

(Address) 1114 S. East ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date Nov. 3/32 19

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED Nov 1 19 32 Registrar

2-1932 Huntington Ave, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 19 32 to Oct 31 / 32 19

I last saw him alive on Oct 32 19 32 Death is said to have occurred on the date stated above, at 6-30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/29
Senility	1931

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas. D. Iser M. D.

(Address) 408 S. Post Park Ave

A&Co. 5-31 250B

E 84138

84138 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH West Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

St. No. 16-64 (Ward)

CITY OF BALTIMORE: (No.....

Length of residence in city or town where death occurred ...yrs. ...mos. / ds How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME J Harmer Klohr

(a) Residence: No. Randallstown Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Anna Smith Klohr

6b. DATE OF BIRTH (month, day, year) June 25-1863

7. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	69	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State of country) Balto. Co. Md

13. NAME OF FATHER Henry Klohr

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

15. MAIDEN NAME OF MOTHER Elizabeth Hahn

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Anna Smith Klohr

(Address) Randallstown Md

18. BURIAL, CREMATION, OR REMOVAL Randallstown Date Nov 3 1932

19. UNDERTAKER H S Marshall

(Address) 2559 Falls Road Baltimore Md

20. FILED 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from October 31 1932 to Nov. 1 1932

I last saw h in alive on Nov. 1 1932 death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus with Coma	1 day (?)
Hypertensive Cardio-Vascular Disease	?

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hosp

H. D. B. 1265-9

E 84139

84139 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1087

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 936 McDonough St., 9-13 Ward)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Jones

(a) Residence: No. 936 McDonough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 18/32

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Willie Jones

14. BIRTHPLACE (city or town) (State or country) Charlotte, Va.

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) (State or country) Charlotte, Va.

17. INFORMANT Sarah Jones
(Address) 936 McDonough St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date Nov 2 1932

19. UNDERTAKER Edward Bryan
(Address) 163 Oregon St

20. FILED 11-2-1932 Hunting for Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31/32 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia(Lobar)	Oct 26/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
Coroner

(Address) 508 Eutaw

M. D. B. 1668-9

84140

ME 84140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 210-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marguerite Ball

(a) Residence: No. 6 Lombardy Place St., Towson Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Ball

7. DATE OF BIRTH (month, day, year) July 9, 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

13. NAME OF FATHER Frances S. Talbott

14. BIRTHPLACE (city or town) (State or country) Indiana

15. MAIDEN NAME OF MOTHER Lilly Symmons

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Richard Ball

(Address) 6 Lombardy Place

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 3, 1932

19. UNDERTAKER Thanhouser Son

(Address) 3615 17 Chestnut Ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932 to Nov. 1, 1932

I last saw h alive on Nov. 1 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of skull	
Other contributory causes of importance: Automobile Accident	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 31, 1932

Where did injury occur? York Rd. in Towson (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto in which she was riding struck a pole.

Nature of injury Was riding struck a pole.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Downs, M. D. Coroner

(Address) 2202 E. Monument St

M. D. R. 1268-9

E 84141

141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital (Ward) St., 11-24

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Burrell

(a) Residence: No. 1203 Park Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 12, 1905

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Burrell

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Virginia Virginia

17. INFORMANT Hospital Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Worcester Co Md Date 11/2 '32

19. UNDERTAKER Sayers & Scarlett
(Address) 578 W Baltimore St

20. FILED ..... 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1932 to Oct 30 1932

I last saw him alive on Oct 30 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	August
malignant glioma.	

Other contributory causes of importance:

Name of operation Rt. Craniotomy Date of 10-29-32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M Rabenhaus M. D.

(Address) John Hopkins Hospital

M. D. B. 1268-9

84142 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84142

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens Ave. St. Joseph Ward) 9th

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Carrie O'Brien (Carrie O'Brien)

(a) Residence: No. 1411 N. Collington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter E. O'Brien (Mrs. O'Brien)

7. DATE OF BIRTH (month, day, year) October 3, 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	-	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward H. Feefelt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Rose Theresa Shenkel

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Miss Helen O'Brien 1411 N. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date Nov. 2 1932

19. UNDERTAKER (Address) Dep H Cook 1003 N. Baltimore St.

FILED Nov 2 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-27-32 19 ..... to 10-30-32 1932

I last saw h.. alive on 10-30-32 19 ..... Death is said to have occurred on the date stated above, at 9 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	10-27-32

Other contributory causes of importance: Arteriosclerosis & Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. A. Van Arsdale M. D.

(Address) St. Agnes Hosp

D. 84143

E 84143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto and 26-27 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emory Ledwood (Ledwell

(a) Residence: No. Spring St Jonesboro, Texas. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Annie

7. DATE OF BIRTH (month, day, year) Dec. 29

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nacogdoches, Texas

13. NAME OF FATHER John

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME OF MOTHER Julia Carter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records, Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Nov. 2nd 1932

19. UNDERTAKER John C. Miller

(Address) 2735 E. Eleven-ten

FILED 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-19 1932 to 11-1 1932

I last saw him alive on 11-1 1932 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage and exhaustion	10-19-32
Other contributory causes of importance: acute myocard. Dilatation	10-15-32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-1-32 (Signed) Elmer H. Belveyd M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

F 84144

84144 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 11-26 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgiana Thomas

(a) Residence: No. 306 N. Pulaski St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Thomas

6b. DATE OF BIRTH (month, day, year) Unknown.

7. AGE: Years 73; Months; Days; If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Josiah Watts

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Susan Mean

16. BIRTHPLACE (city or town) (State or country) West River

17. INFORMANT Hasey Watts

(Address) 1607 Biddle St E.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Albans Cem. Date 11/2, 1932

19. UNDERTAKER Walter B. Gregg

(Address) 1321 Druid Hill Ave.

FILED 1932 Hunting for Title Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-21, 1932 to 10-31, 1932

I last saw her alive on 10-31, 1932 Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	4 Yrs. Ago
Hypertension	?
Chronic Nephritis	?

Other contributory causes of importance:

Congestive Heart Failure	1½ Mo.

Name of operation — Date of —

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Harry A. Shelley M. D.

(Address) University Hospital

M. D. H. 1268-0

E 84145

4145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1191

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2622 Llewellyn Ave., St. 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Paul Appold

(a) Residence: No. 2622 Llewellyn Ave., St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of - - - - - - - - -
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 23th 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	5 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frank Appold

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Anna H. Hunt

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr Frank Appold
(Address) 2622 Llewellyn Ave.,

18. BURIAL, CREMATION, etc.
Place Hampstead Md Date Nov 3 1932

19. UNDERTAKER Edw. T. Tipton
(Address) Hampstead Md

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis (Type undetermined)	7 days
Probably gastro-intestinal toxemia	
Other contributory causes of importance: Purpura (Cutaneous)	?

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John H. Paul Coroner, M. D.

(Address) 5066 Wabash

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84146 84146 B 84146

CERTIFICATE OF DEATH

59v

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 21-29 Ward))

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julius Jacobs

(a) Residence: No. 229 Unity Pl St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME George Jacobs

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Fetzer

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Osane Jacobs
(Address) 804 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Lem Cemetery Date Nov. 2, 19

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S. Schroeder Ave Huntingtown Maryland, Md

FILED 11-2-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-29-32, 19..., to 10-30, 1932

I last saw him alive on 10-30, 1932 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acalytic Coma Diabetes mellitus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Blood Chemistry? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B. F. Harris M. D.
(Address) Provident Hospital

Spec.—9 30—A. & Co.—250 Bks

84147 E 84147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 303 N. Parish St Ward 19-27)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Henry Smith

(a) RESIDENCE NO. 3030 N. Parish St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 1868

7 AGE — Years: 64 — Months: — Days: — If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

10 NAME OF FATHER: John Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant (Address): Lenora Ross 303 N. Parish St

15 Filed 19 Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 30th 1932

17
I HEREBY CERTIFY, That I attended deceased from Sept 26, 1932 to Oct 30, 1932
that I last saw h alive on Oct 30, 1932
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Intestinal Nephritis
2
(duration) yrs. mos. ds.
CONTRIBUTORY
(Secondary)
(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Regulus
(Signed) H. Blank M. D.
19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Nov 3, 1932

20 UNDERTAKER: Mrs Katie R. Williams — ADDRESS 3224 Edmondson Ave

2 - 1932

D. H. 1268-9

E 84148

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84148

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St., 14-26 Ward)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geneva Jones

(a) Residence: No. 507 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ed Jones

DATE OF BIRTH (month, day, year) Aug 15 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Clinton, S. C.

12. NAME Nelson Vance

13. BIRTHPLACE (city or town) (State or country) Clinton S.C.

14. MAIDEN NAME Louise ?

15. BIRTHPLACE (city or town) (State or country) Clinton S.C.

INFORMANT Records Balto City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Cemetery Date Nov 3, 1932

UNDERTAKER Mrs Kate P. Williams
(Address) 322 S. Schroeder St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1932 to 10-31, 1932

I last saw her alive on 10-31, 1932 Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	Unknown
Other contributory causes of importance:	
Gangrene Rt. Leg	9-30 32
amputation of leg	

Name of operation Amputation of leg Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

10-31-32 (Signed) Elmer Higgins M. D.

(Address) Balto City Hospitals

Spec.—6-16-32—M. & S.—100 Bks.

E 84149 ✓ E 84149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

REGISTERED NO. 95-61

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Windsor Mill St. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Clara A Nesbitt

(a) RESIDENCE NO. 3505 Windsor Mill Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John C. Nesbitt

DATE OF BIRTH (month, day, and year) Mch. 27-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Penn.

10 NAME OF FATHER Jeremiah Peterman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn

12 MAIDEN NAME OF MOTHER Mary Ann Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Penn

Informant Mrs Janet Smith

(Address) 3505 Windsor Mill Rd

Filed 6-1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31-1932

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1925 to October 31, 1932, that I last saw her alive on October 31, 1932 and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Dilitation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Observation

(Signed) Eugene F Leopold, M. D.

, 19 (Address) 200 N Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Cemetery — DATE OF BURIAL Nov. 3 1932

20 UNDERTAKER Chas E. Franck — ADDRESS 802 Madison Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84150

84150

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: The Church Home and Infirmary Ward) 11-2-46

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Keukel

(a) Residence: No. 2201 Penrose Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Mary E Keukel

DATE OF BIRTH (month, day, year) Dec 25 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	11	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. car inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Indiana USA

13. NAME Chas Keukel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Louise Schneider

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Mary E Keukel

(Address) 2201 Penrose Ave

BURIAL, CREMATION, OR REMOVAL Green Mt Cem

Place Indianapolis Ind. Date 11/5/ 1932

UNDERTAKER John L Cowan & Son

(Address) 1411 Pulliam St

NOV 2 - 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2 . 1932

22. I HEREBY CERTIFY, That I attended deceased from October 27 . 1932 to November 2 . 1932

I last saw him alive on November 2 . 1932 Death is said to have occurred on the date stated above, at 11:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	8/1/32
Other contributory causes of importance:	
Operative Shock	11/2/32

Name of operation Resection of cancer Date of 11/2/32

What test confirmed diagnosis None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No ... If so, specify

(Signed) Richard L Cumming M. D.

(Address) The Church Home and Infirmary

L. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84151

CERTIFICATE OF DEATH

47 E 84151

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 18-26 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph Williams

(a) Residence: No. 921 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 1858

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Orange County Virginia

13. NAME Jessie Williams

14. BIRTHPLACE (city or town) (State or country) Orange County Virginia

15. MAIDEN NAME Mandel Lucas

16. BIRTHPLACE (city or town) (State or country) Orange County Virginia

17. INFORMANT Elizabeth Jackson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 2, 1932

19. UNDERTAKER Ch Coroner Health

(Address)

20. FILED 1932 (Signature) Washington Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/19/32 to 10/30/32

I last saw him alive on 10/29/32 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Larynx & involvement esophagus	1931
Other contributory causes of importance:	
Bronchopneumonia	10-28-32

Name of operation Gastrostomy Date of 10-27-32

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bruce Lukeman M. D.

(Address) Balto City Hospitals

H. D. B. 1268-9

84152 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84152

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Grimes

(a) Residence: No. 322 S. Caroline St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 20 - 32

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Henry Grimes

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Virginia Grimes

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Record
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 2d 19 32

19. UNDERTAKER Commissioner
(Address) Washington Blvd

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-29 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1932 to Oct 29 1932
I last saw him alive on Oct 29 1932 Death is said to have occurred on the date stated above, at 11.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
..... If so, specify .....

(Signed) John A Washington M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84153

84153

CERTIFICATE OF DEATH

13-002

Registered No. .....

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Park Dr St., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl Coleman

(a) Residence: No. 922 W. 28th St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2 months	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Cornelia Coleman

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Cornelia Coleman

(Address) 922 W. 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 2, 1932

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 1932 Huntingtown Prince Geo's, Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-28-32, 19..., to 11-2, 1932

I last saw him alive on Nov. 2, 1932. Death is said to have occurred on the date stated above, at 7:40a m.

The principal cause of death and related causes of importance were as follows:

Bacillary Dysentery — Date of onset .....

Other contributory causes of importance:

Dehydration

Name of operation ——— Date of ———

What test confirmed diagnosis? ..... Was there an autopsy? ———

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ——— 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ———

Manner of injury ———

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) Provident Hospital

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84154

131 E 84154

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2322 Calverton Heights Ave (St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 2 mos. 17 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles. E. Gumby

(a) Residence: No. 2322 Calverton Heights Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	white	Widower

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia E. Gumby

DATE OF BIRTH (month, day, year) Aug 15 1856

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	76	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Gumby

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emmalett Somers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ethel S. Myers

(Address) 2322 Calverton Heights

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 3 1932

19. UNDERTAKER J. S. Gordon & Son

(Address) 1217 S. Paca

20. FILED Nov 3 1932 Baltimore, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1932, to Nov 1, 1932

I last saw h... alive on Oct 31, 1932 death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	Nov 1
Hypertension: Coronary sclerosis	about Jan 1

Other contributory causes of importance:

Arthritis - senilosis	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury No

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard S. French, M. D.

(Address) 2379 Eutaw Ave

Spec.—1-10-21—M&T—1500 Bks.

84155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84155

CERTIFICATE OF DEATH.

108

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave WARD) 17-44

2-FULL NAME Ida Hasenkamp

(a) RESIDENCE NO. 3618 Fremont Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married, Widowed,~~ or ~~Divorced, (write the word)~~: Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 1858

7 AGE: 74 Years | Months 4 | Days | If LESS than 1 day, ... hrs or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Anton Hasenkamp

11 BIRTHPLACE OF FATHER (city or town) Germany (State or country)

12 MAIDEN NAME OF MOTHER Caroline Boeke

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Alphonse Hasenkamp (Address) 3618 Fremont Ave

15 Filed NOV 2 1932 Huntington Hilleary Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 1st 1932

17 I HEREBY CERTIFY, That I attended deceased from October 29 1932 to Nov 1st 1932

that I last saw her alive on Nov 1st 1932

and that death occurred, on the date stated above, at 1.15 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia (lobar)

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph Lichtenberg, M. D.

Nov 2 1932 (Address) 3761 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Nov 3 1932

20 UNDERTAKER J. G. Krause & Son

ADDRESS 703 Hanover St

A&Co. 5-31 250B

84156

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84156

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 E. Montgomery St., ~~Ward~~ 22-33)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME May H. Bubert

(a) Residence: No. 18 E. Montgomery St., 22 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick J. Bubert

DATE OF BIRTH (month, day, year) May 27, 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. House of Correction

10. Date deceased last worked at this occupation (month and year) ... 1931

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Boston Mass

13. NAME OF FATHER Richmond

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Richmond

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Salvatore A. Novaker

(Address) 18 E. Montgomery St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto County Date Nov 3 1932

19. UNDERTAKER Lind & Williamson

(Address) 193 E. Pratt St.

Huntington Williams, N.P.

FILED 1932 R. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 18, 1932, to October 31, 1932

I last saw her alive on October 30, 1932 death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease.	Nov. 1931
Other contributory causes of importance:	
Chronic parenchymatous Nephritis	Nov. 1931

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry F. Buettner, M. D.

(Address) 1319 Light St. Balto, Md.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84157 84157

CERTIFICATE OF DEATH

1316

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Eaton Ave. St. 20-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Lena Metzler

(a) Residence: No. 202 North Fulton Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 5 1878

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	54	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER John Metzler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Theresia Dornfeld

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cem Date 11/4, 1932

19. UNDERTAKER Fahey & Fahey
(Address) Fulton & Lafayette Aves

DATE RECEIVED 11-3-1932 Washington Wilson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from September 20, 1932 to November 1st, 1932

I last saw h.. alive on Oct. 31st. 1932 death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis 1a	
Other contributory causes of importance: Myocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George Gorsline, M. D.

(Address) St Agnes Hospital

Spec.—9 39—A. & Co.—250 Bks.

84158 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84158

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2967 Frederick Ave. St. 70-70 WARD)

2-FULL NAME George Rosenberger

(a) RESIDENCE NO. 2967 Frederick Ave. ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henrietta Rosenberger

6 DATE OF BIRTH (month, day, and year) March 21-1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	7	12 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) York - Pa.

10 NAME OF FATHER Geo. Rosenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) York - Pa.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) York - Pa.

14 Informant Chas. H. Rosenberger
(Address) 4407 Wilkens Ave.

15 Filed 1932. 15 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/2/32.

17

I HEREBY CERTIFY, That I attended deceased from Oct 27, 1932, to Nov 2, 1932

that I last saw him alive on Nov 2, 1932

and that death occurred, on the date stated above, at 10 a m.

The CAUSE OF DEATH* was as follows:

Acute bronchitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? cl a Phy & exam

(Signed) J J Kyrell M. D.

, 19 (Address) 3321 Freith Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL 11/5/32 -32

20 UNDERTAKER J R Lippard 1300 — ADDRESS Eutaw Place

Spec.—9-30—A. & Co.—250 Blks.

✓ E 84159

E 84159 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 558 Mc Mechen St. 4th WARD)

2. FULL NAME Annie Speare

(a) RESIDENCE NO. 558 Mc Mechen ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (Write the word): Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) 1882

8 AGE: Years 50; Months; Days; If LESS than 1 day, ...hrs. or ....min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 0/0

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) St. Marys Co Md

11 NAME OF FATHER Henry Speare

12 BIRTHPLACE OF FATHER (city or town) (State or country) Md

13 MAIDEN NAME OF MOTHER Rachel Lee

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

15 Informant (Address) Mary Hall 558 Mc Mechen St

Filed Nov 2 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31/32

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932, to Oct 31, 1932

that I last saw h[illegible] alive on Oct 30, 1932

and that death occurred, on the date stated above, at 4 05 A m.

The CAUSE OF DEATH* was as follows:

Aortic Regurgitation

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy?

What test confirmed diagnosis? ✓

(Signed) B. N. Hatcher M. D.

11/1, 1932 (Address) 270 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Peters Cemetery — DATE OF BURIAL: 11/3 1932

UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Freeman

H. D. B. 1268-9

4160 26359

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84160

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-6 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Westbrook

(a) Residence: No. 155 Johnson St., Rock Hill S. Car Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

3. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 10-14-27

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5		18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S Car

13. NAME Ed Westbrook

14. BIRTHPLACE (city or town) (State or country) S Car

15. MAIDEN NAME Anne Wylie

16. BIRTHPLACE (city or town) (State or country) S Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Charlotte N C Date 10/2/32 19...

19. UNDERTAKER Joseph Ahrens

(Address) 1221 Bway

20. FILED 2 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1932 to Nov 2, 1932

I last saw him alive on Nov 2, 1932 Death is said to have occurred on the date stated above, at 705 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	Apr 32

Other contributory causes of importance:

Name of operation Rt. Craniotomy Date of 11-2-32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M Rutherhall M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84161 E 84161

CERTIFICATE OF DEATH

Registered No. 117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 W Lawrle St. 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Perkins

(a) Residence: No. 609 W. Lawrle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed or divorced HUSBAND of (or) WIFE of: Martha Perkins

DATE OF BIRTH (month, day, year): Jan 8-1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	0	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year): Feb 32

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Lake N. C.

13. NAME: John Perkins

14. BIRTHPLACE (city or town) (State or country): Lake N. C.

15. MAIDEN NAME: Carrie Isner

16. BIRTHPLACE (city or town) (State or country): Lake N. C.

INFORMANT (Address): Martha Perkins 609 W Lawrle

BURIAL, CREMATION, OR REMOVAL

Place Greenwood Cem Date Nov. 6, 1932

UNDERTAKER (Address): Chas. H. Chase & Son 1812 Eutaw St.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 5 32

22. I HEREBY CERTIFY, That I attended deceased from August, 19

last saw h alive on , 19 (Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Gastric Ulcer. Date of onset

week

Other contributory causes of importance:

Name of operation Operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Link Coroner, M. D.

(Address) Carrie

E 84162

M. D. R. 1300
84162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH Methodist Home
CITY OF BALTIMORE: (No. 2211 Rogers Ave St., 27-54 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles S York

(a) Residence: No. 2211 Rogers Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Delilah E York

6. DATE OF BIRTH (month, day, year) Dec 5 1851

7. AGE: Years 80 | Months 6 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gentleman Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) Nov 25 1932
14. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Francis Asbury York
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Anna Crowe
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Delilah E York Wife
(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 12-2 1932

19. UNDERTAKER J McCurdy
(Address) 1249 E Baltimore St

20. FILED 12-3 1932 Wm. F. Fitzpatrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1932 to Nov 27 1932
I last saw h... alive on Nov 1 1932. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Cystitis	
Terminal Pneumonia	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? N Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Bailey M. D.
(Address) 1100 E Baltimore St

E.D. 84163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84163

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1833 W. North Ave. Ward) 5-21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma T. Nicewarner

(a) Residence: No. 1833 W. North Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wesley P. Nicewarner

6. DATE OF BIRTH (month, day, year): July 12th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bolivar West Va

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Wesley P. Nicewarner

(Address): 1833 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 11/3/ 1932

19. UNDERTAKER: Wm Cook

(Address): 1219 St Paul St

20. FILED 19 Registrar

11-3-1932 Fitz Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1932, to Nov 1 1932

I last saw her alive on October 31 1932. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Other contributory causes of importance:	

Name of operation: Date of:

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dim. Delaney Thomas M. D.

(Address) 4.0 Med. Art Bldg

. D. B. 1268-9

E 84164

E 84164 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 7-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Millard Stinson

(a) Residence: No. 1012 N Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 22 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

13. NAME Millard Stinson

14. BIRTHPLACE (city or town) (State or country) Centreville Md

15. MAIDEN NAME Susan Spencer

16. BIRTHPLACE (city or town) (State or country) Wilmington Del

17. INFORMANT Susan Spencer

(Address) Wilmington Del

18. BURIAL, CREMATION, OR REMOVAL

Place G.S. Natural Date 11/4 1932

19. UNDERTAKER H M Loots & Co

(Address) 1214 W Fayette St Baltimore Md

FILED NOV 4 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at 3:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Fitzgerald, M. D. Coroner

(Address) 1355 Hanover St

M. D. B. 1268-9

E 84165

84165 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 11-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William C. Benjamin

(a) Residence: No. 1123 St. Paul St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Benjamin

7. DATE OF BIRTH (month, day, year) Feb 28, 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salt Brick Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME William H Benjamin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ann Marie McCoom

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Wm C Benjamin

(Address) 1123 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Union Fork Date 11/3 1932

19. UNDERTAKER [illegible]

(Address) 1219 St Paul St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1932 to November 1, 1932

I last saw him alive on November 1, 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2. Generalized peritonitis	
3. Paralytic ileus	
1. Ruptured gangrenous appendix	10-25-32

Other contributory causes of importance:

Name of operation appendectomy + drain 28 Date of 10-26-32

What test confirmed diagnosis? Clinical + pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. F. Voegeli M. D.

(Address) St Joseph Hosp

84166 F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84166

CERTIFICATE OF DEATH

REGISTERED NO. 84166

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 4407 Arabia Ave., ST., 27-44 WARD)

2—FULL NAME Kunigunde Horn

(a) RESIDENCE NO. 4407 Arabia Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town) where death occurred 5 yrs. 7 mos. 7 ds. How long in U. S., if foreign birth 25 yrs. 7 mos. 7 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced: (or) WIFE of Frederick Horn

DATE OF BIRTH (month, day, and year) Feb. 4, 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	8	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Wm. Rodenhausen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Frederick Horn

(Address) 4407 Arabia Ave.

Filed 1932 Hunting for Wife Undertaker No. 32

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 1-1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Nov 1, 1932

that I last saw h im alive on Nov 1, 1932

and that death occurred, on the date stated above, at 12 1/2 a.m.

The CAUSE OF DEATH* was as follows:

Uraemia (ch. nephritis) - (3 days)

Cardio-vascular-renal

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) arterial hypertension

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? usual phys. exam.

(Signed) Louis F. Krumen, M. D.

, 19 (Address) 722 N. Kenwood ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Cem

DATE OF BURIAL 11/3/1932

20 UNDERTAKER Louis Heemann

ADDRESS 32 S. Broadway

E 84167

William F. Lowance

ec.—2-29-28—L. F. S.—500 Bks.

84167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Md. General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1-24 ST. WARD)

2—FULL NAME William F. Lowance

(a) RESIDENCE NO. Roanoke Va ST., WARD (If non-resident give city or town and State)

(Usual place of abode)

ngth of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (~~wife of~~) Mrs Dora Lowance

DATE OF BIRTH (month, day, and year) 2-11-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Minister

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) West Virginia

10 NAME OF FATHER John M. Lowance

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia

12 MAIDEN NAME OF MOTHER Mrs Judy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) West Virginia

Informant Hospital Records

(Address)

Filed 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-2-32

17 I HEREBY CERTIFY, That I attended deceased from 10-6, 1932, to 11-2, 1932

that I last saw him alive on 11-2 1932

and that death occurred, on the date stated above, at 6 00 P.M.

The CAUSE OF DEATH* was as follows:

Bladder Diverticulum
Hypertrophied Prostate
Pyelonephrosis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia - Myocardial Failure (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? yes Date of 10-12-32

Was there an autopsy? yes

What test confirmed diagnosis? General

(Signed) L. L. Chance, M. D.

19 (Address) Md. Gen. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Roanoke Va

DATE OF BURIAL Nov 3 1932

20 UNDERTAKER L. S. Marshall

ADDRESS 3539 Fallsway

M. D. R. 1268-9

84168 HEALTH DEPARTMENT—CITY OF BALTIMORE 84168

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp St. 27-45 Ward)

Length of residence in city or town where death occurred 1y yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Broom

(a) Residence: No. 2501 Brenton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

DATE OF BIRTH (month, day, year) Sept 1 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME William J Broom

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Mary Dentschel

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Mollie Broom

(Address) 2501 Brenton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 1/5/32 19

19. UNDERTAKER John Ullrich

(Address) 2208 Aisquith

FILED 1-5-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1932 19

22. I HEREBY CERTIFY, That I attended deceased from 11/2/32 19 to 11/2/32 19

I last saw h.. alive on 11/2/32 19 Death is said to have occurred on the date stated above, at 12.30 A m. 11/3/32

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/2/32

Other contributory causes of importance:

Hypertension

Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. F. Ingram M. D.

(Address) 1 E Lexington St

...C.—1-30—M. & T.—250 Bks.

E 84169

E 84169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 131

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2023 N. Wolfe St. 8-17 (WARD)

2-FULL NAME Frederick Schollmeyer

(a) RESIDENCE NO. 2023 N. Wolfe ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 10. 2. 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	1	29	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Musician
(b) General nature of industry, business, or establishment in which employed (or employer) Orchestra
(c) Name of employer Hamburger Band

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

10 NAME OF FATHER August Schollmeyer

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Mary Koehs

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant Mrs. Hunter
(Address) 2023 N. Wolfe St.

Filed Nov 3 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11. 1. 32.

I HEREBY CERTIFY, That I attended deceased from Oct 29, 19 32, to Nov 1, 19 32

that I last saw him alive on Oct 29 19 32

and that death occurred, on the date stated above, at 3:30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis 2
(duration) yrs. mos ds.
Cerebral Hemorrhage

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Paul K. A. Meyer M. D.

11/1, 1932 (Address) 102 N. Caroline St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Matthews Cem

DATE OF BURIAL Nov 4th 1932

ADDRESS 2008 Eutaw

20 UNDERTAKER John Ulrich

D. B. 1268-9

84170 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 84170

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1407 W Saratoga St. 19-27 Ward)

Length of residence in city or town where death occurred 57 yrs. 5 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Pulley

(a) Residence: No. 1407 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nettie H Pulley

DATE OF BIRTH (month, day, year) May - 12 - 75

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	57	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Hauler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Office

10. Date deceased last worked at this occupation (month and year) Sept 32

11. Total time (years) spent in this occupation 21

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME James Pulley

14. BIRTHPLACE (city or town) Somerset Co
(State or country) Maryland

15. MAIDEN NAME Gertrude Innes

16. BIRTHPLACE (city or town) Somerset Co
(State or country) Maryland

INFORMANT Nettie H Pulley
(Address) 1407 W Saratoga

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov. 3rd 1932

UNDERTAKER L. P. Davenport
(Address) 1006 Penna. Ave.

FILED ... 19... Registrar.

Nov 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept - 28, 1932 to Oct, 31, 1932

I last saw h... alive on Oct 30, 1932 Death is said to have occurred on the date stated above, at 12 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis + Nephritis	4 mos

Other **contributory causes** of importance:

Name of operation None Date of

What test confirmed diagnosis? Urine +++ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Dan'l Trautman, M. D.

(Address) 1112 W Pratt

H. D. B. 1268-9

84171 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84171

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave. St.) 70-72 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. Wilhelm Lindner

(a) Residence: No. St Mary's College, Alchester St., ... Ward.
(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 9, 1861.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Redemptorist Order.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Adam Lindner

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Margaret Connell

16. BIRTHPLACE (city or town) Ireland
(State or country)

INFORMANT Peter J. Nierstein

(Address) St. Mary's College, Alchester Md.

BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cemetery Date Nov. 4 1932

UNDERTAKER Lilly & Sons Inc.

(Address) 70 E. Lexington St

FILED Thomas Tom Holloway, M.D.
(Registrar)

NOV 2 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1932 to 11-1, 1932

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3:55 A.M. m.

The principal cause of death and related causes of importance were as follows:

Uremia following Cardio Renal Vascular Disease

Date of onset

Other contributory causes of importance:

Cardiac Decompensation Renal Insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George Gruber, M. D.

(Address) St Agnes Hospital

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84172

CERTIFICATE OF DEATH

E 84172

Registered No. V 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 857 Lemmon St. 22-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Murray

(a) Residence: No. 502 W. Henrietta St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 15-1883

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	49	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Chas. Murray

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mattie Turner

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs. G. Brown

(Address) 502 W. Henrietta St

BURIAL, CREMATION, OR REMOVAL

Place National Ave Date Nov 3. 1932

UNDERTAKER Joseph A. Lichy

(Address) 409 N Mount Street

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to pistol wound of superior vena cava.

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

Signed ... M. D.
Coroner

(Address) ... 1932

D. B. 1268-9

84173 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84173

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE, (No.) Provident Hosp 16-23 (St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. NAME Linnard Nathaniel Wiley

(a) Residence: No. 628 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 20 1931

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Nathaniel Wiley

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Helen Scott

16. BIRTHPLACE (city or town) (State or country) Ga

INFORMANT Nathaniel Wiley
(Address) 628 N. Carey

BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Nov 5 1932

UNDERTAKER Joseph A Lively
(Address) 409 N. Howard Street

Funeral for Williams

FILED Nov 3 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 to Oct 27 1932

I last saw h alive on Oct 27 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 Week

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Luck M. D.
Coroner

(Address)

H. D. B. 1208-9

84174 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84174

CERTIFICATE OF DEATH

V 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital (St.) 10-14 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth 55 yrs. ..... mos. ..... ds.

2. FULL NAME George Berger

(a) Residence: No. 1249 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or ~~WIFE~~ of) Magdelena Berger

DATE OF BIRTH (month, day, year) Dec. 2nd 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Brewer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs Magdelena Berger
(Address) 1249 E. Eager St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Nov. 4 1932

UNDERTAKER Henry Stoeckert Sons Inc
(Address) 3016 Eager St

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1932

22. I HEREBY CERTIFY, That I attended deceased from October 21 1932 to Nov 1 1932

I last saw h.~~e~~ alive on Nov 1 1932. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	10-29-32
acute Cholecystitis	

Other contributory causes of importance:

Name of operation Cholecystectomy Date of Oct 24

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) L. F. Young M. D.

(Address) St. Joseph Hospital

E 84175

Z. D. B. 1268-9

84175 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hebrew Home for aged & Infirm Registered No.
CITY OF BALTIMORE: (No. Belvedere & Greenspring Aves. (If death occurred in hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 34 yrs. — mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Spiesler
(a) Residence: No. Belvedere & Greenspring Aves. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of anna Spiesler

DATE OF BIRTH (month, day, year) 1838

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Philip Spiesler

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rosa Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT
(Address) Hebrew Home for aged & Inf

BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rest Date Nov 3, 1932

UNDERTAKER Joel Levinson & Bro
(Address) 114 E Baltimore St.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11 - 1, 1932 to 11 - 3, 1932
I last saw him alive on 11 - 3, 1932 Death is said to have occurred on the date stated above, at 3.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-1-32
Arteriosclerosis	
Hypertension	
Bilateral cataracts	
Emphysema	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edmund Levin, M. D.
(Address) Stevendale

. D. B. 1268-9

V E 84176

84176 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1940 Mosher St., 16-32 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Keverny E Dean

(a) Residence: No. 1940 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 18 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	13/15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Capt James Dean

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Sara Keverny

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Kay Estelle Dean
(Address) 1940 Mosher

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 11/4 '32

UNDERTAKER Geo A Kirby
(Address) Fayette

FILED 11-4-1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1 1926 to Nov 1st 1932
I last saw h[illegible] alive on Nov 1st 1932. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1926
Chronic interstitial nephritis	1929
Gun Shot wound patient	1932
Other contributory causes of importance:	
A nervous disability,	
and secondary bladder	1930
due to gunshot wound	1932

Name of operation None Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

11/4/32 (Signed) Kenneth T Frenchman M. D.
(Address) 4309 Greenmount Ave

D. B. 1268

84177

E 84177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Belvedere Ave. St. 20-11 Ward)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annastasia Biebel Allen

(a) Residence: No. 306 Augusta Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph H. Allen

DATE OF BIRTH (month, day, year) ABOUT March 22, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	67	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore County

13. NAME John Biebel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME W. Heinzerling

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. C. Haase

(Address) 3207 Belvedere Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 11/4/32 19

UNDERTAKER C. Vernon Zimmerman

(Address) 4611 Park Heights Ave.

Filed 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1932 to Nov 1 1932

I last saw her alive on Nov 1 1932 Death is said to have occurred on the date stated above, at 6:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (Hemiplegia)	10-28
Other contributory causes of importance: Arterio-Sclerosis Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. V. Z. Funeral Director M. D.

(Address) 4936 Park Heights Ave

Spec.—9 30—A. & Co.—250 Bks

✓ E 84178

4178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 232 S. Madira St 1-3 WARD)

2. FULL NAME Frank Zytkowski

(a) RESIDENCE NO. 232 S. Madira St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (~~or WIFE~~) of Augusta Zytkowski

7 DATE OF BIRTH (month, day, and year) Aug. 22-1861

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	71	2	9	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoedoctor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Rudolf Zytkowski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Rumiuski

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant (Address) Augusta Zytkowski, Wife 232 S. Madira St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11, 1, 32

17

I HEREBY CERTIFY, That I attended deceased from 9/18/32, 19 , to 11/1/32, 19

that I last saw h[illegible] alive on 11/1/32, 19

and that death occurred, on the date stated above, at 11.10 P m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis
Gangrene Foot . Weeks

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Pyrau Sign

(Signed) Daniel L. Bisbee M. D.

, 19 32 (Address) 316 S Patterson

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus Cem — DATE OF BURIAL Nov. 5- 1932

20 UNDERTAKER W. F. Sadowski — ADDRESS 1940 Eastern ave

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84179 — CERTIFICATE OF DEATH — E 84179

93-E 84179

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4105 Ridgewood Av (St.) 45-63 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonora V. Packard

(a) Residence: No. 4105 Ridgewood St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widowed

If married, widowed or divorced: HUSBAND of (or) WIFE of Monroe M. Packard

DATE OF BIRTH (month, day, year) Jan 7-1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wm Letcher

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Lindsay

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Wm E Lemer

(Address) 4105 Ridgewood

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 4 1932

UNDERTAKER Thomas Keehner

(Address) 1532 Baltimore

FILED Nov 5 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Falk M. D.
Coroner

(Address) ...

Spec.—9-30—A. & Co.—250 Bks.

84180 ✓ E 84180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-002

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables
CITY OF BALTIMORE: (No 40th St & Keswick Rd) (WARD 3-52)

2. FULL NAME Mrs. Ella I. Sellman

(a) RESIDENCE NO. Davidsonville A A Co (WARD Davidsonville Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed.

6a If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Richard B Sellman.

7 DATE OF BIRTH (month, day, and year) Dec 4 1861

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	71	10	30	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) A A Co
(State or country) Maryland.

10 NAME OF FATHER Thomas S. Iglehart

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Margaret E. Welch.

13 BIRTHPLACE OF MOTHER (city or town) Maryland.
(State or country)

14 INFORMANT Dr W & B Iglehart
(Address) 16 W Lexington Ave

15 Filed 1932. 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3 / 32

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1932, to Nov 3, 1932
that I last saw her alive on Nov 3, 1932
and that death occurred, on the date stated above, at 2:40 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Encephalitis—
(duration) — yrs. 8 mos. — ds.
Sub. acute myocarditis
CONTRIBUTORY (Secondary) with decompensation
(duration) — yrs. 1 mos. — ds.

18 Where was disease contracted if not at place of death? Anne Arundel Co
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Physical Exam

(Signed) W B Mayo M. D.
Nov 3 1932 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old All Hallows P E Church — DATE OF BURIAL Nov 4 32

20 UNDERTAKER A A Co Funeral — ADDRESS
John O Mitchell & Son 19 Eastover Pl

H. D. B. 1265-9

E 84181

84181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 745 Edmondson Ave (Ward) 19

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Barton

(a) Residence: No. 745 Edmondson Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Grimaldis Barton

DATE OF BIRTH (month, day, year) Nov. 2-1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Prop.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Joshua Barton

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Maria Hove

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Miss Norma Barton

(Address) 745 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 4. 32

UNDERTAKER Howard E. Thomas

(Address) 1100 Pennsylvania Ave

FILED Nov 3 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 32

22. I HEREBY CERTIFY, That I attended deceased from Oct-28 1932 to Nov-1 1932

last saw h[illegible] alive on Oct-31-1932 Death is said to have occurred on the date stated above, at 7. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Angina Pectoris	

Other contributory causes of importance:

Aortic Sclerosis
Myocarditis
Coronary Thrombosis
None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Simms Jones M. D.

(Address) 1-802 Rosedale

pec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84182

E 84182

CERTIFICATE OF DEATH

159

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 1927 Druid Hill Ave ST. W. 20 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Infant of Tantha Williams & Clarence Hall

(a) RESIDENCE NO. 1927 Druid Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Nov 1 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work O

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Clarence Hall

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Tantha Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Radora Williams

(Address) 1927 Druid Hill Ave

Filed 19 Registrar

Nov - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 2/32

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Nov 2, 1932,

that I last saw her alive on Nov 2, 1932

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Premature Birth

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. J. McCard, M. D.

11/3, 1932 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: Nov 3 19 32

20 UNDERTAKER: Commissioner Health.

ADDRESS

By Wm E Woodall

Spec.—1-12-23—M&T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84183

E 84183

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. 159

CITY OF BALTIMORE: (No. Read Bird ave. St. 23-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Infant of Edward & Hannah Persia 5/12

(a) RESIDENCE NO. Read Bird ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Nov	Nov	Nov	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Edward Persia

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Hannah Schulz

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

Informant

(Address)

Filed 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 2 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932, to Nov 2, 1932,

that I last saw her alive on Nov 2, 1932

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature Birth 5½ hrs

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Raymund A. Hanna, M. D.

Nov 3, 1932 Address 1208 Holden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
University of Md	Nov 3rd 1932
20 UNDERTAKER	ADDRESS

AaCo. 5-31 250B

84184 HEALTH DEPARTMENT—CITY OF BALTIMORE 84184

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) University Hospital Ward 6

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Handy

(a) Residence: No. 737 N. Mulberry St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Oct. 19th 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Samuel Frier

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Pearl Handy

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

INFORMANT Mother
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Universal Cem. Co. Date Nov 3 1932

UNDERTAKER
(Address) Huntington Williams Inc

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19th 1932 to Oct. 27 1932

I last saw him alive on Oct. 27 1932 death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance:	
Broncho-pneumonia	
Prematurity	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Douglass M. D.

(Address) 1111 Madison Ave.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

(Stamp)

84185

CERTIFICATE OF DEATH

E 84185

1. PLACE OF DEATH Union Memorial Hospital — 172 — 1932 — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 4 Jr. 4th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lois Joan Stamp

(a) Residence: No. ..... Fallston, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 6, 1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~	0	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fallston Md.

13. NAME Howard Stamp

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Grace Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT M. S. Heslet

(Address) M. Me

BURIAL, CREMATION, OR REMOVAL

Place Friendship Cem. Date Nov. 3, 1932

UNDERTAKER Boneberger & Goses.

(Address) Bendon, Md.

FILED 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1932 to Nov 3, 1932

I last saw h[illegible] alive on Nov 3, 1932 Death is said to have occurred on the date stated above, at 11.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Volvulus	Oct 11
Other contributory causes of importance: Post operative localized peritonitis (following hemorrhage + evisceration)	Nov 3

Name of operation, Laparotomy, Resection of volvulus Date of Oct 25

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Moses S. Heslet, M. D.

(Address) Union Mem. Hospital

A&Co. 5-31 250R

HEALTH DEPARTMENT—CITY OF BALTIMORE

84186 E 84186

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St., ... Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Thomas
(a) Residence: No. Fleet Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

6. If married, widowed, or divorced
RUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 22, 1903

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	29	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Seaman
10. Date deceased last worked at this occupation (month and year) 10-25-32
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) ~~Baltimore~~ Maryland

13. NAME William Thomas
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Tony Melvin
16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 3 1932

UNDERTAKER J. Norman Marshall
(Address) 1421 W. Fayette St, Balto, Md.
Huntingdon 1411
19 ... Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1932, to November 2, 1932
I last saw him alive on November 2 1932 death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection of tonsils and pharynx (short chain streptococcus)	10-29-32
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. A. Abbott, M. D.
(Address) U.S. Marine Hospital

H. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

84187

E 84187

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Scott St.) (Ward) 21-24 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Geary.

(a) Residence: No. 1131 Scott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Catherine Geary.

DATE OF BIRTH (month, day, year) March 5th 1869

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME John. Geary.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Elizabeth Hennessy

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Catherine Geary

(Address) 1121 Scott St

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross R.C. Date 11-4 1932

UNDERTAKER Bernard C Hart

(Address) 1008 S Fulton St

Huntington Williams N.D.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on ..... 19..... Death is said to have occurred on the date stated above, at 5 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. 1268-9

E 84188 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84188

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 W. Baltimore St St., 4-30 Ward)

Length of residence in city or town where death occurred ..yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME William Charles Clazey

(a) Residence: No. 501 W. Baltimore St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11, 1931.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER FATHER

13. NAME Harry S. Clazey

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

15. MAIDEN NAME Gertrude Baranyai

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Harry S. Clazey
(Address) 501 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 4, 193

19. UNDERTAKER [illegible]
(Address) 410 Cumberland St.

20. FILED 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Nov. 2, 1932

I last saw him alive on Nov. 2, 1932. Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/31
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. S. Larson M. D.

(Address) 2 W. Lethbridge Ave

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84189

CERTIFICATE OF DEATH

E 84139

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5514 Roland Ave St. 27-59 (Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Washington Martin

(a) Residence: No. 5514 Roland Ave St., ... Ward Blue Ridge Summit Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~ Married, Widowed, or ~~Divorced~~ (write the word): Widowed

6. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of: Hamilton Martin

7. DATE OF BIRTH (month, day, year): July 4-1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	3	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Petersburg Virginia

13. NAME: John B. Rogland

14. BIRTHPLACE (city or town) (State or country): Owensville Kentucky

15. MAIDEN NAME: Mary Childs

16. BIRTHPLACE (city or town) (State or country): Petersburg Virginia

17. INFORMANT: Miss Annie Martin

(Address) 5514 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Nov 5th 1932

19. UNDERTAKER: Henry W. Jenkins Sons

(Address) Clarence Dr. Robert Pl. Huntington Pittsburgh, Pa.

FILED 1932 Nov 7 1932 C. F. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov-3 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct-11 1932 to Nov-3 1932

I last saw her alive on Nov-2 1932 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 years
Diabetes Mellitus	1 year
Right Facial Paralysis	8 mos
Hemiplegia	12 hours

Other contributory causes of importance:

Name of operation: None Date of: .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Gibson Forte M. D.

(Address) 4822 Roland Ave

H. D. R. 1268-9

84190 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84190

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 13-57

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph McAdams

(a) Residence: No. 1337 Clipper Heights ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 27, 1902

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 062

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Springfield
(State or country) Ohio

13. NAME George McAdams

14. BIRTHPLACE (city or town)
(State or country) Indiana

15. MAIDEN NAME Lula Armstrong

16. BIRTHPLACE (city or town)
(State or country) Indiana

INFORMANT Hospital Records
(Address) B.C.H.

BURIAL, CREMATION, OR REMOVAL
Place Hampden Date Nov 5, 1932

UNDERTAKER Thurnwald Lee
(Address) 3645-47 Eastern Ave

FILED 1932 Huntington Pittsburgh, Pa. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932 to Nov. 3, 1932

I last saw him alive on Nov. 3, 1932 Death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Rosen, M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

84191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84191

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St. 11-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia Howard

(a) Residence: No. 1010 Madison Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Daniel Howard

DATE OF BIRTH (month, day, year) Dec 26/1910

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21 22	10	7 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Randolph Coleman

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Daniel Howard

(Address) 1010 Madison Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 11/4/32 19

UNDERTAKER Mrs Geo. H. Collins

(Address) 1012 Mund Ave

FILED 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw h... alive on ... , 19 ... . Death is said to have occurred on the date stated above, at 1 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis Lung & Liver	?

Other contributory causes of importance:

Tubercular Peritonitis & Salpingis	
	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Cullen, M. D. Coroner

(Address) 508 E Baltimore

M & T—100 B—50L

84192

E 84192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 75

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1019- N. Charles ST. 11-15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Nichols Lenard Denny.

(a) RESIDENCE NO. 1019- N. Charles St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, and year) abt 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
At	37			

6 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman
(c) Name of employer English Tailoring Corp.

7 BIRTHPLACE (city or town) (State or country) Royal Oak Md

10 NAME OF FATHER J. Hall Denny

11 BIRTHPLACE OF FATHER (city or town) Royal Oak (State or country) Md

12 MAIDEN NAME OF MOTHER Fannie L. Leonard

13 BIRTHPLACE OF MOTHER (city or town) Royal Oak (State or country) Md

Informant Miss Mary Tribbe (cousin)

(Address) 12 E. Madison St.

Filed 4-1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Alcoholism

(duration) about yrs. mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

11 3 1932 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Talbot Co. Md. nr Easton

DATE OF BURIAL Nov 5 32

UNDERTAKER Stewart & Mowell Company

ADDRESS 108 W. North Ave

Spec.—1-12-23—M&T—500 Blks.

4193

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E, 84193

CERTIFICATE OF DEATH. 82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 45 S. Arlington, Ave. ST., 18-24 WARD)

2-FULL NAME John L. Dudley

(a) RESIDENCE NO. 45 S. Arlington, Ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Elmina Dudley

DATE OF BIRTH (month, day, and year) Oct. 11, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71		22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Butcher 013

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) St Georges
(State or country) Del.

10 NAME OF FATHER John Dudley

11 BIRTHPLACE OF FATHER (city or town) Deleware
(State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) Deleware
(State or country)

Informant Elmina Dudley
(Address) 45 S. Arlington, Ave.

Filed 4-1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11. 2. 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1. 1932 to Nov. 2. 1932

that I last saw him alive on Nov. 2. 1932

and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 6 days.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) Wm Curt. C. Blake M. D.

, 19 (Address) 719 Med. Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodland Memorial Park — DATE OF BURIAL 11/5 1932

UNDERTAKER Frederick A. Cole — ADDRESS 1200 W. Lombard St.

H. D. B. 1268-9

E 84194

84194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH St Josephs Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 10-W Ward

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis Gannon

(a) Residence: No. 1018 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Honora V. Gannon nee Donnelly

DATE OF BIRTH (month, day, year) Jan. 8 1867

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
65	9	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maker

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 5-0 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Peter Gannon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rose Lewis

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Honora V. Gannon

(Address) 1018 E. Chase St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 5 1932

UNDERTAKER Chas. H. Corkran

(Address) 921 East Eager St.

FILED 11-7-1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932 to Nov 3, 1932

I last saw him alive on Nov. 3, 1932 Death is said to have occurred on the date stated above, at 6:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia	10-30-32
Terminal Pulmonary edema	11-2-32

Other contributory causes of importance:

Cardiac Neurosis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) K. F. Young, M. D.

(Address) St. Joseph's Hosp

D. H. 1268-b

84195 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84195

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Hopkins Hospital St. 3-4 ..Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Richard Bedford

(a) Residence: No. 20 S. Bond St St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1886.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Co., Md.

13. NAME David Bedford

14. BIRTHPLACE (city or town) (State or country) North Point Md.

15. MAIDEN NAME Elizabeth Lyon

16. BIRTHPLACE (city or town) (State or country) North Point, Md.

INFORMANT Hopkins Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Evergreen Cemetery Date 11/16 ..., 19..

UNDERTAKER Theodore C. Waite
(Address) 113 S. Caroline St

FILED 1932 ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. , to ..., 19..

I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	
Dilatation Right Ventricle & Auricle	?
	?
	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E Lond...

. D. B. 1268-9

84196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84196

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1253 Light St. 93-33 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Clara V Nash

(a) Residence: No. 1253 Light St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

If married, widowed, or divorced: BUSBAND of (or) WIFE of James A Nash

DATE OF BIRTH (month, day, year) Aug 30/859

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John R Thomas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Caroline Kirwin

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT (Address) Mrs John A Nash 1253 Light St

BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date Nov 5, 1932

UNDERTAKER John F. Denny (Address) 715 Light St

FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932, to Nov 2, 1932.

I last saw her alive on Nov 2, 1932. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day
Arterio Sclerosis	2 mos

Other contributory causes of importance:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .... Date of injury ...., 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No ....If so, specify ....

(Signed) E. Williams M. D.

(Address) 1219 Williams St

. D. B. 1268-9

4197

E 84197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001 V

Registered No. 16-66

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 2301 Arunah Ave St. 16 Ward)

ength of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George August Lang, Jr.

(a) Residence: No. 2301 Arunah Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary K Lutz

DATE OF BIRTH (month, day, year) June 14 1873.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 11-2 34

11. Total time (years) spent in this occupation 44 yrs.

BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME George August Lang

14. BIRTHPLACE (city or town) Germany.
(State or country)

15. MAIDEN NAME Caroline Sieman

16. BIRTHPLACE (city or town) Germany.
(State or country)

INFORMANT Mrs Carolyn Lindemann

(Address) 512 N. Howard St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Nov- 4 1934

UNDERTAKER John F. Denny.

(Address) 715 Light St.

Nov 4 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1932 to November 3 1934

I last saw him alive on November 2 1934 Death is said to have occurred on the date stated above, at 3 05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date at onset
(a) Angina Pectoris	7 hrs.

Other contributory causes of importance:

moderate dilatation of thoracic aorta	unknown
Hypertrophic arthritis of vertebral spine	unk
Chronic Bronchitis & Emphysema	unk

Name of operation Date of

What test confirmed diagnosis? Angina & Physical signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Leland, M. D.

(Address) 752 Edmondson Ave

D. B. 1268-9
84198

Rachel Dicken

E 84198

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4412 Loms Chapel Rd) (Ward) 52

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Rachel Dickens

(a) Residence: No. 4412 Loms Chapel Rd., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Olive P. Dickens

DATE OF BIRTH (month, day, year) April 15, 1873

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
59	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (own) 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) England

13. NAME W. J. Brown

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Anderson

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Olive P. Dickens

(Address) 4412 Loms Chapel Rd.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Nov 4, 1932

UNDERTAKER Leo S. Cook

(Address) 1723 Pratt Ave. Balto

FILED NOV 4 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2 - , 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. , 1929 to Nov. 2 - , 1932

I last saw h alive on Nov. 2 , 1932. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	1927
Hepatic Cirrhosis	1929
Chronic Bronchitis	1927

Other contributory causes of importance:

Ac. Dil. of Heart	No Hy.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) E. G. Mayer M. D.

(Address) 516 Eastern Ave

H. D. B. 1268-9

Clara Cornish

84199 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84199

CERTIFICATE OF DEATH

50V

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 749 Schroeder St. 18-7b Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Cornish

(a) Residence: No. 749 Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Clark Cornish

DATE OF BIRTH (month, day, year) May 10 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME of father Nelson Hooper

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME of mother Hannah Tyler

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Blanche Johnson

(Address) 767 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 5, 1932

19. UNDERTAKER Mrs Katie L Williams

(Address) 322 S Schroeder St

20. FILED 4-1932 Huntington Ave Cemetery Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1/32

22. I HEREBY CERTIFY, That I attended deceased from 9/29/32, 19 ... to 11/1/32, 19 ... I last saw h[er] alive on 11/1/32, 19 ... Death is said to have occurred on the date stated above, at 1115 P. M.

The principal cause of death and related causes of importance were as follows:

	Duration
Pneumonia	3 days
Heart Disease	

Other contributory causes of importance:

Hypertension & Arteriosclerosis

Name of operation ... Date of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) A. Lee Fo ... M. D.

(Address) 422 Monroe

E 84200

84200 Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 ✓

CERTIFICATE OF DEATH

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 660 W. Fairmount St., 4-25 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Geo W. Hudgins

(a) RESIDENCE NO. 660 W. Fairmount St. Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 20, 1858

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
	44		11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Paper Hanger

(c) Name of employer self

BIRTHPLACE (city or town) _____

(State or country) Md

10 NAME OF FATHER Geo W. Hudgins

11 BIRTHPLACE OF FATHER (City or town) _____

(State or country) Md

12 MAIDEN NAME OF MOTHER Ella Tyler

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Md.

14 Informant Viola Hudgins

(Address) 660 W. Fairmount

15 Filed _____ 19 _____ Registrar

1932

Huntington Printing Co.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 31 19 32

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1931, to Oct 31, 1932

that I last saw h alive on Oct 31, 1932,

and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 10 mos. 11 ds.

CONTRIBUTORY (Secondary) _____

(duration) yrs. mos. ds.

18 Where was disease contracted _____

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? Clinical Signs

(Signed) Jas L. Hooper, M. D.

19 (Address) 1317 E. Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Zion Cemetery

Date of Burial Nov. 6, 1932

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4201

CERTIFICATE OF DEATH

82-001 E 84201

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 Park Ave St., 11-24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Robinson

(a) Residence: No. 933 Park Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed or divorced, HUSBAND of (or) WIFE of Frannie

6. DATE OF BIRTH (month, day, year) Dec 1867

7. AGE: Years 64 | Months 11 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 30

BIRTHPLACE (city or town) (State or country) Staunton Va

12. NAME of Father Herman Robinson

14. BIRTHPLACE (city or town) (State or country) Staunton Va

15. MAIDEN NAME of Mother Georgianna Johnson

16. BIRTHPLACE (city or town) (State or country) Staunton Va

INFORMANT Frannie Robinson

(Address) 933 Park Ave

BURIAL, CREMATION, OR REMOVAL

Place Auburn (N.Y.) Date 11/5 1932

UNDERTAKER Samuel J. Hemp Co.

(Address) 578 Fulton Ave

FILED 11-4-1932 Thomas J. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to Enquiry 19..

I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at C m.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage Sudden — Date of onset

Other contributory causes of importance:

Name of operation Biopsy Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Polk Coroner M. D.

(Address)

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84202 E 84202

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 Vine St. 4-26 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas Rustin

(a) Residence: No. 700 Vine St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Cole	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary J. Rustin

6. DATE OF BIRTH (month, day, year) April 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour, 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St Mary Co. Md.
(State or country)

13. NAME of father John C Austin

14. BIRTHPLACE (city or town) St Mary Co Md.
(State or country)

15. MAIDEN NAME of mother Cassie Alexander

16. BIRTHPLACE (city or town) St Mary Co. Md.
(State or country)

17. INFORMANT Mary J. Rustin
(Address) 755 Vine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 11/6 1932

19. UNDERTAKER Samuel T. Hemsley
(Address) 518 Druid Hill Ave

20. FILED NOV 4 - 1932 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1- 1932

22. I HEREBY CERTIFY, That I attended deceased from May 14 1931 to Nov 1 1932

I last saw h~~im~~ alive on Nov 1 1932 Death is said to have occurred on the date stated above, at 10.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Prostate Gland	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edw. J. Wheatley, M. D.

(Address) 1230 Druid Hill Ave

D. B. 1268-9

84203 HEALTH DEPARTMENT—CITY OF BALTIMORE 84203

CERTIFICATE OF DEATH

1. PLACE OF DEATH Providence Hospital

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Charles Underwood

(a) Residence: No. T. B. Maryland St., [illegible] Ward. [illegible]
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. (Single) Married, Widowed, or Divorced (write the word)
M	col	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
20				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation [illegible]

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME [illegible]

14. BIRTHPLACE (city or town) [illegible]
(State or country)

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) [illegible]
(State or country)

INFORMANT [illegible]
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Nov 4 19 32

UNDERTAKER [illegible]
(Address)

FILED [illegible] 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-15 1932 to 10-23 1932

I last saw him alive on Oct 23 1932 Death is said to have occurred on the date stated above, at 4:30 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of injury [illegible] 19[illegible]

Where did injury occur? [illegible]
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of Injury [illegible]

Nature of Injury [illegible]

24. Was disease or injury in any way related to occupation of deceased?
If so, specify [illegible]

(Signed) B. Harris M. D.

(Address) Providence Hospt

D. B. [illegible]
84204

HEALTH DEPARTMENT—CITY OF BALTIMORE 84204

CERTIFICATE OF DEATH

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1332 Towson St. 24 Ward 5

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Sommerlatter

(a) Residence: No. 1336 Towson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

DATE OF BIRTH (month, day, year) July 10 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Sailmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Retired 1926

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) — Balto Md

13. NAME OF FATHER — John Sommerlatter

14. BIRTHPLACE (city or town) (State or country) — Germany

15. MAIDEN NAME OF MOTHER — Lahy Rowen

16. BIRTHPLACE (city or town) (State or country) — Balto Md

INFORMANT — Mrs Ella H Moseley

(Address) 1336 Towson St

BURIAL, CREMATION, OR REMOVAL

Place Edgewood Date 11/4 19 32

UNDERTAKER Geo E Fox & Sons

(Address) 101 E Fayette

FILED 1932 Huntington Townsend, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8.25.32. 19.., to Nov. 1. 32. 19....

I last saw h. im alive on 10.31.32. 19.... Death is said to have occurred on the date stated above, at 5.45 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Locomotor Ataxia	Unknown.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical as there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Philip B. Towler M. D.

(Address) 1432 William St.

D. B. 1268-9

E-84205

84205 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August Wager

(a) Residence: No. 1609 N. Bradford St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Doris

DATE OF BIRTH (month, day, year): 8-1-1860

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Ger

13. NAME: John Wager

14. BIRTHPLACE (city or town) (State or country): Ger

15. MAIDEN NAME: Anne Hohn

16. BIRTHPLACE (city or town) (State or country): Ger

INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Date: Nov 7, 1932

UNDERTAKER: Frederick Lassahn Son

(Address) 7401 Belair Rd.

FILED: Nov 8 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932 to Nov 4, 1932

I last saw h. im alive on Nov 4, 1932 Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cardiac end of Stomach & oesophagus	10-1-32

Other contributory causes of importance:

x oesophagus

Name of operation: Resection of stomach Date of: 11-3-32

What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Marion C Rogers M. D.

(Address) Johns Hopkins Hosp.

D. B. 1268-9

84206 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84206

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Jones Stewart

(a) Residence: No. 421 Robert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of ....

DATE OF BIRTH (month, day, year) 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Eugene Thomas Earl

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Lula Jones

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT E. Jones

(Address) 421 Robert Street

BURIAL, CREMATION, OR REMOVAL

Place Dream Va Date Nov 6, 1932

UNDERTAKER Unique Funeral

(Address) 614 Pine Ave

FILED 1932 Nov 7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1932 to 11-3, 1932

I last saw her alive on 11-3, 1932 Death is said to have occurred on the date stated above, at 3:04 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? B.P. Blood Chemistry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. J. Harris, M. D.

(Address) Provident Hospital

D. B. 1268-9

84207 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84207

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1114 W. Fayette St. (Ward) 18-B

Length of residence in city or town where death occurred 90 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret L. Stell

(a) Residence: No. 1114 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of the late Ignatius A. Stell

DATE OF BIRTH (month, day, year) Sept 15 1842

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Herman Bredekamp.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Taylor

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss Lizzie Bredekamp.
(Address) # 1114 W Fayette St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11-5- 1932

UNDERTAKER Foley & Lowndes Son
(Address) 201 E Fallsway

FILED 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25. 1932 to Nov. 2. 1932

I last saw h.. alive on Nov. 2 1932 Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Int. Nephritis	2 Years
Uremia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Urine Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Thos. Norton, M. D.

(Address) 818 N. Eutaw St.

84208 Kimmel E 84208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Strathmore Ave St., 27-43 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? 87 yrs. ..... mos. ..... ds.

2. FULL NAME Barbara M. Kimmel

(a) Residence: No. 2901 Strathmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Kimmel

DATE OF BIRTH (month, day, year) Jan 1/1844

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	88	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bavaria

13. NAME John Tochterman

14. BIRTHPLACE (city or town) (State or country) Bavaria

15. MAIDEN NAME Barbara Hebel

16. BIRTHPLACE (city or town) (State or country) Barbara

INFORMANT Barbara M. Thomas
(Address) 2901 Strathmore Ave

BURIAL, CREMATION, OR REMOVAL
Date 11/4, 193

UNDERTAKER Edmund Ruby.
(Address) 5305 Walbrook Ave.

FILED ..... 19..... Registrar.

Nov 4 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3.30 P. M.

The principal cause of death and related causes of importance were as follows:

Pneumonia (hypostatic) — Date of onset ?

Other contributory causes of importance:

fractured r. hip — Sep

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov 2, 1932

Where did injury occur? in home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Slipped on floor

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Bacon, M. D.
Coroner

(Address) 508 E. Lanvale

D. B. 1268-9

84209 HEALTH DEPARTMENT—CITY OF BALTIMORE M 84209

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE (No. 1116 W Balto St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joshua Meekins

(a) Residence: No. Garrison Balto Co Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Lilly H. Meekins

6. DATE OF BIRTH (month, day, year) July 12 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gdr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Balto Co

13. NAME Joshua Meekins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Nancy Smith

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT J. Roy Meekins

(Address) Garrison Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Nov 7, 1932

19. UNDERTAKER J. E. Elgin & Son

(Address) Reisterstown Md

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated ... at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	2 days
Contributory causes of importance: Fractured Pelvis Fractured Right Femur	15 days

Name of operation Regular Date of ...
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ...
Where did injury occur? Parkton & Oakly (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury Fell from Car
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. C. Keech, M. D. Coroner
(Address) Co

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84210 E 84210

CERTIFICATE OF DEATH

V 143

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kane

(a) Residence: No. 1521 East Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph J. Kane

DATE OF BIRTH (month, day, year) 3/4/1911

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
21	7	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Clements S C

13. NAME Marion Dunnillat

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Josephine B. Scott

16. BIRTHPLACE (city or town) (State or country) S.C.

INFORMANT Joseph J. Kane

(Address) 1521 E. Biddle St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/7/32 19

UNDERTAKER George J. Butt Inc

(Address) 1732 Harlem Ave Baltimore Md

FILED 4 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from October 21 1932 to November 3 1932

I last saw h er alive on November 3 1932 Death is said to have occurred on the date stated above, at 7.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pregnancy - (about 5 months)	
Cyanephrosis	
Pernicious abuss	

Other contributory causes of importance:

Chronic valvular endocarditis = mitral insufficiency and anaemia

Name of operation H D pernicious abuss Date of 10-31-32

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. J. Gaynes M. D.

(Address) St Josephs Hosp.

D. B. 1268-9

84211

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84211

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Josephs Hospital St. 8-17 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Boy Kane

(a) Residence: No. 1520-E. Biddle St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/21/32

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			12 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph J. Kane

14. BIRTHPLACE (city or town) (State or country) Charleston, S.C.

15. MAIDEN NAME Mary Donnellit

16. BIRTHPLACE (city or town) (State or country) Charleston, S.C.

INFORMANT Joseph J. Kane

(Address) 1521-E Biddle St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11-7-32

UNDERTAKER Geo. J. Smith & Son

(Address) 1300 E. Baltimore St.

FILED 1932 RFR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1932 to Oct 21, 1932

I last saw h... alive on Oct 21, 1932 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 9 mos.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. F. Young, M. D.

(Address) St. Josephs Hosp

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4212 E 84212

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital Registered No. 66902

CITY OF BALTIMORE: (No. Wilkens & Caton Avenues St., 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME Mrs Josephine Palmisano

(a) Residence: No. 409 Forrest St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Antonio Palmisano

DATE OF BIRTH (month, day, year) 2/4/1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6 37

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Salvatore Cocco

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Agatha Cocco

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mr Antonio Palmisano

(Address) 409 Forrest St

BURIAL, CREMATION, OR REMOVAL

Place St Vincent Cem Date 11/5/32, 19

UNDERTAKER George J. Pfeltz Sons

(Address) 1235 Hanover Ave Baltimore Md

FILED 1032 Harriet Wiseman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20 1932 to Nov. 3 1932

I last saw h alive on November 3, 1932. Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure following thyroidectomy	3 yrs ago.
Adenoma of thyroid & Hyperthyroidism	
Anuresia & Intoxication	

Other contributory causes of importance:

Name of operation Thyroidectomy Date of 11-3-32

What test confirmed diagnosis? B.M.R. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [redacted] Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Gordon, M. D.

(Address) St Agnes Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84213 Med (Chillemi) E 84213

Registered No. 12-507 68

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME John Chillemi

(a) Residence: No. 340 Athitridge Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Concetta (Cimino)

6. DATE OF BIRTH (month, day, year) 9/16/74

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph Chillemi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Friends
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/8/32 19

UNDERTAKER George J Ruth Inc
(Address) 1735 Eutaw Pl Baltimore, Md

FILED 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-2-1932 to 11-4-1932

I last saw him alive on 11-4-1932 Death is said to have occurred on the date stated above, at 7:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/21/32
Other contributory causes of importance:	
Arteriosclerosis	
Hypertension	
Bronchopneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Barton M Hurley M. D.
(Address) Johns Hopkins Hospital

D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84214 E 84214

CERTIFICATE OF DEATH

51 Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 18-16 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tony Procato

(a) Residence: No. 1685 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	7	11	X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce sales

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Samuel Procato

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mendia ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/7/32 19

19. UNDERTAKER George J. Ruth Inc
(Address) 1125 Hollins St

20. FILED 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1932 to Nov 3 1932

I last saw him alive on Nov 3 1932. Death is said to have occurred on the date stated above, at 7:55 P.M.

The principal cause of death and related causes of importance were as follows:

Enteroma of testicle R
with generalized metastasis

Date of onset about Spring 1931

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? X-Rays Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis J. Hirsch M. D.

(Address) Johns Hopkins Hosp

.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84215

84215

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Chestnut Hill Ave ST., 17 WARD)

2—FULL NAME Frederick Julius Günther.

(a) RESIDENCE NO. 612 Chestnut Hill ave. ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Elizabeth Günther

7 DATE OF BIRTH (month, day, and year): 11/15/1852.

8 AGE: 79 Years | 11 Months | 18 Days | If LESS than 1 day, ... hrs. or ... min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired Tailor
(b) General nature of industry, business, or establishment in which employed (or employer): 80
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Germany

11 NAME OF FATHER: Karl Wilhelm Günther

12 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

13 MAIDEN NAME OF MOTHER: Louise Ameling

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

15 Informant: Henry C Guenther
(Address): Wallabout Ave - Arbutus.

Filed 11-4-1932

Hunting for Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-3-32

17 I HEREBY CERTIFY, That I attended deceased from 11/1/ 1932 to 11/3/ 1932.
that I last saw him alive on 11/3/ 1932
and that death occurred, on the date stated above, at 10.20 P. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis -
General arteriosclerosis -
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac dilatation -
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) George Abner Bowden, M. D.

11/3/ 1932 (Address) 1517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park.

DATE OF BURIAL: Nov 3 1932

20 UNDERTAKER: Mrs. Mrs. John H. Tuchelson

ADDRESS: 801 N. Fayette

D. B. 1268-9

84216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84216

93

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1222 E. Biddle St. 10-14 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 75 yrs. mos. ds.

. FULL NAME Margaret M. Reichel

(a) Residence: No. 1222 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
..ale	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Reichel

DATE OF BIRTH (month, day, year) JUNE 25-1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME George Reichel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret M. Herman

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Violet Parnella (Daughter)
(Address) 1222 E. Biddle St

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 11-5- 1932

UNDERTAKER Robert Burke & Son.
(Address) Baltimore & Biddle Sts

FILED 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Nov 2/32
Other contributory causes of importance: General Arteriosclerosis (Senile)	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D. Coroner

(Address) 508 6 Mon

c.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84217

CERTIFICATE OF DEATH.

126 E 84217

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. 1010 Russell St. 21-31 Ward)

2-FULL NAME Katherine Steisel

(a) RESIDENCE NO. 1010 Russell St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): married.

If married, widowed, or divorced (or) WIFE of: Joseph

6 DATE OF BIRTH (month, day, and year): January 3, 1866

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	65	9	—	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

8 BIRTHPLACE (city or town): Germany

(State or country)

10 NAME OF FATHER: Raber.

11 BIRTHPLACE OF FATHER (city or town): Germany

(State or country)

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town): Germany

(State or country)

Informant: Joseph Steisel

(Address)

Filed 1932 Huntington Williams, M.D. Registrar

B. H. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 3, 1932.

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1930 to Nov 3, 1932,

that I last saw h[illegible] alive on Nov. 3, 1932

and that death occurred, on the date stated above, at 9.50 p.m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cholelithiasis and Empyema of Gall Bladder

(duration) 2 yrs. mos. ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! Yes Date of Oct 4/32

Was there an autopsy! No

What test confirmed diagnosis!

(Signed) Harry H. Bates M. D.

, 19 (Address) 523 Scott St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery Date of Burial 11/7/32

20 UNDERTAKER: Geo. H. Leimbach ADDRESS: 525 W. Lombard St.

M. & T.—100 B—50L

Dr. P. Kenney

M L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84218

218

CERTIFICATE OF DEATH

X 210-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No.) Md Gen Hospital WARD 11-24

2-FULL NAME Margaret May Harroll

a) RESIDENCE NO 114 Main St ST., WARD Reisterstown Md

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, and year) May 13th 1926

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	20	

CUPATION OF DECEASED
) Trade, profession or particular kind of work Scholar
) General nature of industry, business, or establishment in which employed (or employer)
) Name of employer Balto Co School Balto Md

THPLACE (city or town) (State or country)

NAME OF FATHER John P. Harroll

BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

MAIDEN NAME OF MOTHER Hazel M Beaver

BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

ormant John F. Harroll

(Address) 114 Main St Reisterstown

Huntington Williams M.D. Registrar

Filed 1932 R. C. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Base of Skull

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Struck by automobile

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Reisterstown

Did an operation precede death? no Date of

Was there an autopsy? no. She was struck by an auto while crossing 11/2/32

What test confirmed diagnosis? Reisterstown Rd at Reisterstown

(Signed) Joseph P. Kenney Coroner M. D.

, 19 (Address) 2208 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 11/5/1932

ADDRESS

20 UNDERTAKER Wm Cook 1217 St Paul St

D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

84219 E 84219

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Bartlett Ave St., 9-46 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mahlon Slaysman

(a) Residence: No. 712 Bartlett Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Slaysman

6. DATE OF BIRTH (month, day, year) Feb 6/1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-1

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Mahlon Slaysman

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Maryanna Joseph

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mary Anna Slaysman
(Address) 712 Bartlett Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Nov. 5 1932

19. UNDERTAKER John C. Miller
(Address) 2725 W. Ormsby Ave

20. FILED 1932 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Probably Pneumonia (lobar)	??

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E Fayette

D. B. 1268-9

84220

HEALTH DEPARTMENT—CITY OF BALTIMORE

84220

CERTIFICATE OF DEATH

32-001

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore Md St. 27-57 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman Berkel

(a) Residence: No. 4638 Pall Mall Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M. Married

If married, widowed, or divorced) HUSBAND of (or) WIFE of Elizabeth Berkel

6. DATE OF BIRTH (month, day, year) Oct. 15 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	—	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Richmond, Va

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Balto City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Morelands Ph Date Nov. 5 1932

UNDERTAKER John G. Holler & Sons
(Address) 2436 E. Monument

FILED 1932 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-31 1932 to 11-2 1932

I last saw him alive on 11-2 1932 Death is said to have occurred on the date stated above, at 10.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Meningitis Tuberculosis	10-27-32
Other contributory causes of importance:	
Miliary Tuberculosis	10-20-32

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

11-2-32 (Signed) Elmer Hitzeroth M. D.

(Address) Balto City Hospitals

. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

84221

CERTIFICATE OF DEATH

E 84221

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens Ave St., 90-69 Ward) 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Mamie Nash (Mamie Helen Nash)

(a) Residence: No. 2732 Wilkens Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Nash, Mr William Nash

DATE OF BIRTH (month, day, year) June 21, 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	46	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Mrs [redacted] Louis Scholz

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Elizabeth Ossendorff

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mr. Samuel A. Welsh

(Address) 118 Hillard St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov. 7 1932

UNDERTAKER Joseph Cook

(Address) 1003 W. Baltimore St.

1932 Huntington Avenue, Md.

I. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-1-32 19 .. to 11-4-32 19 ..

I last saw her alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance: Uremia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) St Agnes Hospital

H. D. B. 1268-9

4222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 84222

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Kirkens & Caton Ave. Ward) 6 2069

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ruth Sternat (Ruth Frances Sternat)

(a) Residence: No. 328 S Furrow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of: George F. Sternat

DATE OF BIRTH (month, day, year): January 11, 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
20	20	9	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 37

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Albert Bonnevill

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mamie ?

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Mr. George F. Sternat

(Address): 328 S. Furrow St.

BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date: Nov. 7, 1932

UNDERTAKER: [illegible]

(Address): 1003 W. Baltimore St.

FILED: 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-3-1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1932 to Nov. 3, 1932

I last saw h[illegible] alive on 11-3, 1932. Death is said to have occurred on the date stated above, at 10 25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Lung abscess & lung	
Other contributory causes of importance:	
Pulmonary Hemorrhage	

Name of operation: Inc. & drainage abscess lung Date of: 10/31/32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) George Gonalo, M. D.

(Address) St Agnes Hospital

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84223 — 59 — E 84223

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) The Church Home and Infirmary (Ward) 14

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Frizzell (Samuel H. Frizzell)

(a) Residence: No. 1014 East Preston St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Sadie F. Frizzell

6. DATE OF BIRTH (month, day, year) December 18, 1862 ~~December 18, 1863~~

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Enamel & Novelty Stamping Co.

10. Date deceased last worked at this occupation (month and year) Oct '24

11. Total time (years) spent in this occupation 22 yrs

12. BIRTHPLACE (city or town) (State or country) Carrol County, Md

13. NAME OF FATHER Joel Frizzell

14. BIRTHPLACE (city or town) (State or country) Carroll Co., Maryland

15. MAIDEN NAME OF MOTHER Sarah Crooks

16. BIRTHPLACE (city or town) (State or country) Maryland Carroll County

17. INFORMANT (Address) Wife Mrs. Sadie F. Frizzell 1014 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery Date Nov. 7, 1932

19. UNDERTAKER (Address) Joseph Cook 1923 E. Baltimore St. Washington Pillsbury, Jr.

Date 1932 Nov. 5, 1932 Registrar. B. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1932 to November 3, 1932

I last saw h[illegible] alive on November 3, 1932. Death is said to have occurred on the date stated above, at 2:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma	1 yr. (est)
Other contributory causes of importance: Nephrectomy	5 days
Diabetes	10 yrs. (est)
Arteriosclerosis	10 yrs. (est)

Name of operation Nephrectomy Date of Oct. 29, '32

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard C. Cumming M. D.

(Address) The Church Home and Infirmary

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84224 E 84224

CERTIFICATE OF DEATH

Registered No. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Woman Hospital (St. 96-37 Ward)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. Life ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Catherine Becker

(a) Residence: No. 737 So. Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 1, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress 64

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewing Factory

10. Date deceased last worked at this occupation (month and year) Oct 10, 1932

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Becker

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Anna B. Krieger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Becker

(Address) 737 So. Conkling

18. BURIAL, CREMATION, OR REMOVAL Emanuel Cemetery Date Nov 7th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Nov 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932, to Nov 4, 1932

I last saw her alive on Nov 4, 1932 death is said to have occurred on the date stated above, at 10 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	11-4-32
Other contributory causes of importance: Carcinoma of Ovary & Metastasis	Jan 1932

Name of operation Exploratory Laparotomy Date of 11-1-32

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Marion P. Johnson M. D.

(Address) Woman's Hospital.

1932

D. B. 1268-9

465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84225

CERTIFICATE OF DEATH

E 84225

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 11-5-32 Ward 10-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Potter

(a) Residence: No. 2129 Etting St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47 ? 54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Henry Potter

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Margaret Rich

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lookout Cemetery Date Nov 5 1932

19. UNDERTAKER J. H. Bowers

(Address) 1463 N. Carey St

20. Filed NOV 7 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to Nov 3 1932

I last saw him alive on Nov 3 1932 Death is said to have occurred on the date stated above, at 12 07 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Septicemia	?
? Neoplasm & haemorrhage	?
? thrombosis	?

Other contributory causes of importance:

anaemia	?
pulmonary infection	?

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Alexander Brady, M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

HEALTH DEPARTMENT--CITY OF BALTIMORE

84226 E 84226

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S President St. 3-5 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

2. FULL NAME John Dabonis Dabonis

(a) Residence: No. 217 S President St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 040

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Joseph Dabonis

(Address) 217 S President

18. BURIAL, CREMATION, OR REMOVAL

Place Russian Isd. Date Nov 5 1932

19. UNDERTAKER John Grebliauckas

(Address) 423 Huntington Williams, N.J.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h alive on ..... 19 .. Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84227

4227

CERTIFICATE OF DEATH

82-00

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-13 Ward)

(a) Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Aaron Apps

(b) Residence: No. 955 N. Bond St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 3 188[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	11	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 106

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Colest Apps

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Anna Martin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. Annie Apps
(Address) 955 N. Bond

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 11-7- 32
UNDERTAKER Young, Haley & Sons Inc.
(Address) 501 Eutaw
Huntington Wellmore, Md.

DATE 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3. 1932

22. I HEREBY CERTIFY, That I attended deceased from October 23 1932 to November 3. 1932

I last saw him alive on Nov. 3 1932 Death is said to have occurred on the date stated above, at 7.30 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Oct 27

Left Sided Hemiplegia

Other contributory causes of importance:

Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) H. Colen M. D.

(Address) Sinai Hospital

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84228

CERTIFICATE OF DEATH. 158 E 84228

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 522 E. Lafayette ST. (or) 13 WARD)

2-FULL NAME Baby King

(a) RESIDENCE NO. 522 E. Lafayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. 2 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male
4 COLOR OR RACE: White
5 Single, Married, Widowed, or Divorced, (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Engell

DATE OF BIRTH (month, day, and year) 11.2.32

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			2	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Henry King

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Mary McWilliams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Henry King
(Address) 522 E. Lafayette St

Nov. ..., 19... Registrar

1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 4. 32 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932, to Nov 4, 1932,
that I last saw h alive on Nov 4, 1932,
and that death occurred, on the date stated above, at 2.30 p m.

The CAUSE OF DEATH* was as follows:

Prematurity
Unclassified

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) —
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? — Date of ...
Was there an autopsy? no
What test confirmed diagnosis? —

(Signed) D. L. Lurz, M. D.
19 32 (Address) 224 Dolphin St

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Carmel Cemetery
DATE OF BURIAL: Nov. 5, 1932

20 UNDERTAKER: H. Sander Sons
ADDRESS: 1710 Fleet St

D. B. 1268-9

84229 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84229

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital Registered No. 34

CITY OF BALTIMORE: (No. Fayette & Calhoun Sts. 27-53 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Bergeron

(a) Residence: No. 5812 Ethelbert Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 30. 1932

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
		0 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Carl Bergeron

14. BIRTHPLACE (city or town) (State or country) Elizabeth City N. C

15. MAIDEN NAME Lucie G. Kyatt

16. BIRTHPLACE (city or town) (State or country) Pope N. C.

INFORMANT Carl Bergeron
(Address) 5812 Ethelbert Ave

BURIAL, CREMATION, OR REMOVAL. Place Druid Ridge Cem. Date Nov 5 1932

UNDERTAKER Walter R. McNamara
(Address) Falls Road

FILED 1932 Huntington Williams Nov 7 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1932 to Nov 4 1932

I last saw h[illegible] alive on Nov. 4 1932 Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows: Syphilis Congenital — Date of onset

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gilbert D. Schmitz M. D.

(Address) Franklin Square Hospital

D. B. 1268-9

84230 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84230

1. PLACE OF DEATH

Registered No. 84230

CITY OF BALTIMORE: (No. 28 S. Payson St. 10-6-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Flora (Dorothy) Eschbach

(a) Residence: No. 28 S. Payson, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced of (or) WIFE of Henry Eschbach

DATE OF BIRTH (month, day, year) May 5, 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	5	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frederick Fuenbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Tebelmen

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Henry Eschbach

(Address) 28 S. Payson St

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 7 ... 1931

UNDERTAKER F. Herman Kechner

(Address) 1532 Lombard St

FILED 1932 Huntington Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-20-, 1931 to Nov 4, 1931

I last saw h[illegible] alive on Nov 4, 1931 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1932
Chronic Nephritis	"
Hypostatic Pneumonia	"

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Kelly Hemming M. D.

(Address) 2000 Hollins St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84231

CERTIFICATE OF DEATH

131 E 84231

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1456 Patapsco St. 22-33 Ward 13

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A. Lind

(a) Residence: No. 1456 Patapsco St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Weaver Lind

6. DATE OF BIRTH (month, day, year) Nov. 3. 1870

AGE: Years 61 | Months 11 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME OF FATHER Frederick Lind

13. BIRTHPLACE (city or town) (State or country) Balto. Md.

14. MAIDEN NAME OF MOTHER Augusta Seabo

15. BIRTHPLACE (city or town) (State or country) Balto. Md.

16. INFORMANT Mrs Jennie Lind

(Address) 1456 Patapsco St.

17. BURIAL, CREMATION, OR REMOVAL

Place Western Date Nov. 3 '32

18. UNDERTAKER Maynard S. Flynn

(Address) 1400 Light St. Huntington Avenue, Md.

Registrar.

FILED 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9-1932 to Nov 2 1932

I last saw her alive on Nov 2 1932 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac dilatation — Date of onset 11/3/32

Other contributory causes of importance: Chronic Nephritis and Myocarditis — 3/21/32

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. T. Hartwell M. D.

(Address) 16 Rawlings St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4232 E 84232

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 82-001 Registered No.

CITY OF BALTIMORE: (No. Baltimore Md St. 13-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alphonse Payne

(a) Residence: No. 1406 Fraction St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Lillian Payne

6. DATE OF BIRTH (month, day, year) 7-22-78

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Wilksbury, Pa

13. NAME OF FATHER John Payne

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME OF MOTHER Linda ?

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 11/7 1932

19. UNDERTAKER Samuel T Hemsley
(Address) 578 W Lafayette Ave Balto Md

20. FILED 1932 Huntington Whitaker, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-4 1931 to 11-3 1932

I last saw him alive on 11-3 1932. Death is said to have occurred on the date stated above, at 3 or 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebellum left	11-3-32
Other contributory causes of importance:	
Pneumonia Hemorrhage into Cerebellum left	8-43

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

11-4-32 (Signed) Elmer H Abrams M. D.

(Address) Balto City Hospitals

D. B. 1268-0

84233 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84233

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 80

CITY OF BALTIMORE: (No. Balto Maryland St. 1-13 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Joseph Winnie (Wisniewski)

(a) Residence: No. 620 S. Belnord St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Winnie

6. DATE OF BIRTH (month, day, year) Feb 18

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Joseph Winnie

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Record Balto City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Nov. 7 1932

UNDERTAKER John J. Duda
(Address) 251 Washington Blvd Baltimore, Md.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1932 to 11-3, 1932

I last saw h.. alive on 11-3, 1932. Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Toxic Terminal	Aug. 22-32
Other contributory causes of importance: Toxemia Treatment by Dr. Podolin & Dr. Apt. Broncho pneumonia	Aug 193 Aug 15 32

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

11-4-32 (Signed) Chas. J. Altenpohl M. D.

(Address) Balto. City Hospitals

D. B. 1268-9

E 84234

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84234

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Blythewood Road near Charles St. (Ward) 27-35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lewis Waxington Cottman

(a) Residence: No. Blythewood Road St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	Wht	Married

If married, ~~widowed~~ or ~~divorced~~, WIFE or HUSBAND of (~~or WIFE of~~) Mary C. C. Howard Cottman

DATE OF BIRTH (month, day, year) Sept 22, 1872

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	60	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ships Lighterage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Towing Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME J. H. Cottman

14. BIRTHPLACE (city or town) (State or country) Westminster Md.

15. MAIDEN NAME Caroline C. Clubb

16. BIRTHPLACE (city or town) (State or country) Hoslington L. C.

INFORMANT Mrs. H. McNorth Jr

(Address) Govans Md

BURIAL, CREMATION, OR REMOVAL Place St Thomas Cem Date Nov 6 1932

UNDERTAKER Henry H. Jenkins Sons

(Address) Cathedral & Hamburg Sts Baltimore, Md.

NOV 5 - 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4. 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4 1932 to November 4 1932

I last saw h~~im~~ alive on Nov. 4 1932. Death is said to have occurred on the date stated above, at 11.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. Myocardial Thrombosis. Anemia Pectoris Attacks increasing Myocardial insufficiency	May 4 1932 first attack

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Frank R. Smith M. D.

(Address) 927 N. Calvert St

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4235

CERTIFICATE OF DEATH

205 E 84235

PLACE OF DEATH

CITY OF BALTIMORE (No. Md Gen Hosp St. 8-13 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Scott

(a) Residence: No. 1225 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

DATE OF BIRTH (month, day, year) Aug 5 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	2	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked in

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Licorice Factory

8. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... Yrs

BIRTHPLACE (city or town) ..... (State or country) Md

13. NAME Wm Anderson

14. BIRTHPLACE (city or town) Anderson (State or country)

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) Lexington (State or country) Ky

INFORMANT Elizabeth Scott

(Address) 1225 N Caroline

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 11/5/32 19

UNDERTAKER Mrs Lauder Snowden

(Address) 1129 N. Caroline St.

FILED 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd 19 32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h..... alive on ..... 19 32. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Accident — Right leg severed from body, Crushed Arm, Side badly lacerated.

Date of onset

Other contributory causes of importance: Heart

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Injury occurred 19 .....

Where did injury occur? 2701 Boston St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Body caught in Machine

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Leak Coroner M. D.

(Address) Bromo

...—2-29-28—L. F. S.—500 Blks.

84236

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 84236

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... ST., 12-50 WARD)

2—FULL NAME Grover [redacted] Cooper

(a) RESIDENCE NO. 3125 (Usual place of abode) Abell Ave ST., ... WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if foreign birth 40 yrs. 11 mos. 6 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7 DATE OF BIRTH (month, day, and year) Nov. 29, 1891

8 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	11	6	

OCCUPATION OF DECEASED

9 (a) Trade, profession or particular kind of work Automobile Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Automobile Garage

(c) Name of employer .....

10 BIRTHPLACE (city or town) Easton Md. (State or country)

11 NAME OF FATHER Robert F. Cooper

12 BIRTHPLACE OF FATHER (city or town) Talbert Co. (State or country) Md.

13 MAIDEN NAME OF MOTHER Millie H. Berridge

14 BIRTHPLACE OF MOTHER (city or town) Talbert Co. (State or country) Md

Informant Mrs. Grover Cooper (Wife)

(Address) Phila. Pa.

Filed 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-4-32

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932, to Nov 4, 1932, that I last saw him alive on Nov 4, 1932 and that death occurred, on the date stated above, at 11.55 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted, if not at place of death? At place of employment

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) Mt. Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Easton Md. DATE OF BURIAL Nov 5 1932

20 UNDERTAKER Stewart Mortuary ADDRESS Balto.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84237

CERTIFICATE OF DEATH

159 V

E 84237

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 18-29 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Dorothy Ann Huffman

(a) Residence: No. 1152 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) 10-29-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				14 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

13. NAME OF FATHER EDMOND HUFFMAN

14. BIRTHPLACE (city or town) ? (State or country)

15. MAIDEN NAME OF MOTHER Rust ? ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jefferson Med College Date Nov 5 1932

19. UNDERTAKER Johns Hopkins Hosp. (Address) Huntington Williams

20. FILED Nov 8, 1932 Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1932, to Oct 29, 1932

I last saw her alive on Oct 29, 1932. Death is said to have occurred on the date stated above, at 5.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John D. Washington M. D.

(Address) Johns Hopkins Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84238

84238

CERTIFICATE OF DEATH

93-004

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2418 E. Fairmount St. 6-18 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Laura V. Cadell

(a) Residence: No. 2419 E. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles B. Cadell

ATE OF BIRTH (month, day, year) March 20/1849

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637
8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME James Parrott

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Laura Wright

16. BIRTHPLACE (city or town) (State or country) Maryland

NFORMANT Charles B. Cadell
(Address) 2418 E. Fairmonnt Ave

RIAL, CREMATION, OR REMOVAL
lace Woodlawn Cem. Date Nov. 7, 1932

ERTAKER Wm. C. Black
dress) 3324 Liberty Heights Ave.

Huntington Williams, N.D.
Registrar.

932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3/32

22. I HEREBY CERTIFY, That I attended deceased from
, 19 , to , 19
I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency

Date of onset ?

Other contributory causes of importance:
Senile Changes

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) John H. Buchanan M. D.
Coroner
(Address) 508 E Northern

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84239

CERTIFICATE OF DEATH

23

E 84239

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 21-29 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Lilly Mitchell

(a) Residence: No. 1360 Carroll st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Mitchell

6. DATE OF BIRTH (month, day, year): Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24 ?			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

9. Date deceased last worked at this occupation (month and year): Unknown

10. Total time (years) spent in this occupation: Unknown

11. BIRTHPLACE (city or town) (State or country): North Carolina ?

12. NAME: Robert Phillips

13. BIRTHPLACE (city or town) (State or country): North Carolina

14. MAIDEN NAME: Nettie ?

15. BIRTHPLACE (city or town) (State or country): North Carolina

16. INFORMANT: Hospital Records

(Address): B.C.H.

17. BURIAL, CREMATION, OR REMOVAL

Place: Norfolk Va Date: Nov 6. 1932

18. UNDERTAKER: Lloyd A. Lineberger

(Address): 409 N. Mount Street Baltimore, Md.

19. FILED: 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 2. 1932

22. I HEREBY CERTIFY, That I attended deceased from September 15 . 1932 to November 2 . 1932

I last saw her alive on November 2 . 1932 Death is said to have occurred on the date stated above, at 1.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Aug. 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84240 E 84240

84240

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 S. Third St. 25-75 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George T. Ellis

(a) Residence: No. 3606 S. Third St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Bessie Bennett Ellis

DATE OF BIRTH (month, day, year) Jan 25 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Delaware

13. NAME George C. Ellis

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Mary C Rourke

16. BIRTHPLACE (city or town) (State or country) Delaware

INFORMANT Mrs. Bessie B. Ellis

(Address) 3606 S. Third St

BURIAL, CREMATION, OR REMOVAL

Place Smyrna Del Date Nov. 7. 1932

UNDERTAKER John C Tittsworth Sons

(Address) Huntington Williams Nat

Filed 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 to Nov. 3 1932

last saw him alive on Nov. 3 1932 Death is said to have occurred on the date stated above, at 11 15 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset
about
Sym
ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Guy A. Cromwell M. D.

(Address) 201 Patapsco Ave, Brooklyn

E 84241

H. D. B. 1268-9

84241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 W Lutrudge St. 12-50 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas H O'Brien

(a) Residence: No. 422 W Lutrudge Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Rutherford

DATE OF BIRTH (month, day, year) 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Richard O'Brien

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ella Beckraft

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) Ann O'Brien 422 W Lutrudge St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Nov 7 1932

UNDERTAKER Mary M. Medford (Address) 422 E 22nd St

NOV 6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 10 1932 to Nov 6 1932

I last saw h[illegible] alive on Nov 4 1932 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset ... ? ... Indefinite

Other contributory causes of importance: Chronic Nephritis — ? — Indefinite

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. E. Richardson M. D.

(Address) 1152 W. Lanvale St

M. D. B. 1268-9

E 84242

HEALTH DEPARTMENT—CITY OF BALTIMORE

84242

CERTIFICATE OF DEATH

154

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 313 Nchester St (or Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Fegler

(a) Residence: No. 313 Nchester St Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —
7. DATE OF BIRTH (month, day, year): Nov 5-1932
8. AGE: Years — Months — Days — If LESS than 1 day 5 hrs. or ..... min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stone
11. Total time (years) spent in this occupation
12. Date deceased last worked at this occupation (month and year)
13. BIRTHPLACE (city or town) (State or country): Balto Md
14. NAME: Henry J. Fegler
15. BIRTHPLACE (city or town) (State or country): Balto Md
16. MAIDEN NAME: Louise Linebury
17. BIRTHPLACE (city or town) (State or country): Hagerstown Md
18. INFORMANT: Henry J. Fegler
(Address) 313 Nchester Ave
19. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 11/7/32
20. UNDERTAKER: Leviticus Cook
(Address) 1247 St Paul St
Huntington Williams, Registrar.
21. FILED 11-7-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 5, 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1932 to Nov 5, 1932
I last saw him alive on Nov. 5, 1932. Death is said to have occurred on the date stated above, at 12.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: —	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19.....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) C P Roetling M. D.
(Address) 1512 W. Baltimore St

B. B. 1268-9

84243 E 84243

84243 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1150 Washington Blvd St. 21-29 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Bertha Kratzmeier

(a) Residence: No. 1150 Washington Blvd St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of John Kratzmeier

6. DATE OF BIRTH (month, day, year) July 31st 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME OF FATHER Franz Engrosser Schraph.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME OF MOTHER Anna Engrosser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Wm Jungbauer

(Address) 134 Collins Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11-7 1932

19. UNDERTAKER Bernard C Hahn

(Address) 1001 S Bond St

20. FILED 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1931 to Nov 2/32 19.....

I last saw her alive on Nov 2 1932 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	Oct 1931
Broncho Pneumonia	Oct 26 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thomas Gate M. D.

(Address) 523 Scott St.

D 84244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84244

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1119 William St. 24-4th (Ward)

Length of residence in city or town where death occurred 71 yrs. 2 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jasper R. Brown

(a) Residence: No. 1119 William St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma D. Brown

6. DATE OF BIRTH (month, day, year) Aug. 7th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emmanuel Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Jasper Brown

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Eliza Seabrook

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Emma R. Brown

(Address) 1119 William St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 11-7th 1932

UNDERTAKER E. & B. Harlan

(Address) 115 E. Mulberry St

FILED 1932 Huntington Williams N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7th 1932 to Nov 4 1932

Last saw ... alive on Nov 4 1932 Death is said to have occurred on the date stated above, at 12 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	3 mos

Other contributory causes of importance:

Chronic Bright's Disease	4 mos

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. M. Wheeler, M. D.

(Address) 1279 William St

D. B. 1268-9

84245 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84245

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 719 N. Barre St. 21-29 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Stumph.

(a) Residence: No. 719 N Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph. Stumph.

6. DATE OF BIRTH (month, day, year): Dec 4th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: John. Scott.

14. BIRTHPLACE (city or town) (State or country): Ireland.

15. MAIDEN NAME: Not Known.

16. BIRTHPLACE (city or town) (State or country): Ireland.

INFORMANT: Mr Joseph Stumph.
(Address): 719 Barre St

BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: 11-8th 1932

UNDERTAKER: Bernard C Harke
(Address): 1000 Eutaw St

FILED 1932 Huntington Williams N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1930 to November 5 1932

I last saw her alive on November 4, 1932 Death is said to have occurred on the date stated above, at 1.40 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Chronic nephritis	2.1.30
Cardiac hypertension	2.1.30.
Other contributory causes of importance:	
uremia	11.4.32
acute Cardiac Dilatation	11.4.32

Name of operation none Date of

What test confirmed diagnosis? Physical + Laboratory tests Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J Edward Norris M. D.

(Address) 107 East west street.

D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

Registered No. 84246

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Williamson

(a) Residence: No. 1832 Lorman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Hezekiah Williamson

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Eloise White

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 6, 1932

19. UNDERTAKER Wm. H. Chase Son

(Address) 638 N. Eutaw

19. FILED [illegible] (Registrar)

NOV 6 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1932 to Nov 4, 1932

I last saw her alive on Nov 4, 1932 Death is said to have occurred on the date stated above, at 12 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	10-24-32
Tuberculous Peritonitis	10-1-32
Pulmonary tuberculosis & pleurisy	?

Other contributory causes of importance:

Name of operation Spinal Puncture Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Milan, M. D.

(Address) Johns Hopkins Hosp

D. B. 1268-9

247 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 84247

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2039 E. Fairmont St., 6-G Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Bozman

(a) Residence: No. 2039 E. Fairmont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of late Albert Bozman

DATE OF BIRTH (month, day, year) June 3/60

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
72	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Md. Baltimore

13. NAME James Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Margaret Wallace

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Elton R. Bozman

(Address) 3923 W. Mulberry

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 11/8/32 19

UNDERTAKER Philip Herwig & Sons

(Address) 216 Orleans St.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 32 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1931, to Nov 5 1932

last saw her alive on Nov 5 1932, Death is said to have occurred on the date stated above, at 5 35 m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
myocarditis
arteriosclerosis

Date of onset

Other contributory causes of importance:

edema of lungs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. J. Tucker M. D.

(Address) 1192 Mulberry

D. B. 1268-9

84248 HEALTH DEPARTMENT—CITY OF BALTIMORE 84248

CERTIFICATE OF DEATH

93-063

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt. St. Agnes (St.) Mt. Washington (Ward) 3rd

Length of residence in city or town where death occurred 80 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Sister Mary DePazzi Meckert

(a) Residence: No. Mt St Agnes (Usual place of abode) St., Mt. Washington Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 7, 1845

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
87	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Meckert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Freund

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Sister M Mildred
(Address) Mt St Agnes

BURIAL, CREMATION, OR REMOVAL
Place Mt. St. Agnes, Mt Date 11/7, 1932

UNDERTAKER Henry H. Mears and Son
(Address) 805 N. Calvert St.

FILED 1932 — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932 to Nov 5, 1932

I last saw h[illegible] alive on Nov 1, 1932. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	1925
Chronic myocarditis	1925
Auricular Fibrillation	10/20/32
Other contributory causes of importance: Bronchopneumonia	11/3/32

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No — If so, specify

(Signed) H. Raymond Peters, M. D.
(Address) 1908 W Lexington St.

I. D. B. 1268-4

84249

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84249

CERTIFICATE OF DEATH

47

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 Clifton ave St. 5-66 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charlotte Anna Martin

(a) Residence: No. 3801 Clifton Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur C. Martin

DATE OF BIRTH (month, day, year) May 14 1876.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edward H Appleby

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Anna M. Lamb

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Arthur C Martin

(Address) 3801 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Nov 7 1932

19. UNDERTAKER Josiah Lyter

(Address) 1600 W. Fayette St.

20. FILED Nov 6 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1929 to Nov 4 1932

I last saw her alive on Nov 4 1932 Death is said to have occurred on the date stated above, at 12.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung - Hilus	1931

Other contributory causes of importance:

Cardiac Arrhythmia

Name of operation Amputation of Breast Date of 1929

What test confirmed diagnosis Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L Walker Burns M. D.

(Address) 3136 Eastern Ave

Co. 5-31 250B

84250 HEALTH DEPARTMENT—CITY OF BALTIMORE 46E 84250

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Bon Secours Hosp. St. 24-3 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Winifred Smoot

(a) Residence: No. 1708 Johnson St., W4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. F. Smoot

DATE OF BIRTH (month, day, year) 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Jas. Foley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Fennon

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Jas. Foley

(Address) 1708 Johnson St.

BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 11/8/1932

UNDERTAKER Jos. F. Lilly & Son

(Address) 1312 Eutaw St.

FILED 1932 Huntington Williams, Nov. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4-32. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-4-32, 19..., to 11-4-32, 19...

I last saw h.. alive on 11-4-32 19 .. death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lower Bowel	1930?
Other contributory causes of importance:	
Infection	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. W. Dorsey, M. D.

(Address) Bon Secours Hosp.

D. B. 1268-9

84251 Regas ✓ D 84251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 4-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? 2 yrs. ..... mos. ..... ds.

2. FULL NAME Stephan Regas.

(a) Residence: No. Essex Mor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Joe Regas

6. DATE OF BIRTH (month, day, year) July 15, 1903

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Greece

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Zoe Regas (Address) Townsend Rd. Essex

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov. 7, 1932

19. UNDERTAKER Hugh E. Connelly (Address) Essex

20. FILED Nov 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932 to Nov. 3, 1932

I last saw him alive on Nov. 3, 1932. Death is said to have occurred on the date stated above, at 10.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis - Gangrenous, ruptured.	10-27-32
Other contributory causes of importance: Generalized peritonitis.	

Name of operation Drainage of abdomen Date of 11-3-32

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. Davage M. D.

(Address) Univ. Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 84252

4252

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 116½-S. Exeter Street St., 5-6 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 25 yrs. ... mos. ... ds.

FULL NAME Annie Pavone

(a) Residence: No. 116½-S. Exeter Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Pavone

DATE OF BIRTH (month, day, year) 7/21/1890

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	3	14	XXXXXX

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Salvatore Santacroce

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Madalina (Unknown)

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Thomas Pavone

(Address) 116½-S. Exeter Street.

BURIAL, CREMATION, OR REMOVAL.

Place Holy Redeemer Date 11/3/32 19

UNDERTAKER

(Address)

FILED 1932 Huntington Woodville, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. H. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19. 1932 to Nov. H. 1932

I last saw her alive on Nov. H. 1932 Death is said to have occurred on the date stated above, at 3. 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Other contributory causes of importance: Nephritis	9.1.32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. F. Cutolo M. D.

(Address) 811 Lex. St.

D. B. 1268-9

84253 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

PLACE OF DEATH Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sadie Brown (Sarah Brown)

(a) Residence: No. 1728 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of William Bowers

DATE OF BIRTH (month, day, year) 8-15-1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
8. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) (State or country) Gloucester Va

10. NAME OF FATHER Arthur Burrell

11. BIRTHPLACE (city or town) (State or country) Gloucester Va

12. MAIDEN NAME OF MOTHER Eliza Burrell

13. BIRTHPLACE (city or town) (State or country) Gloucester Va

14. INFORMANT Records Balto City Hospitals
(Address)

15. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 11-7 1932

16. UNDERTAKER Daniel Carson
(Address) 246 Reg [illegible]

17. FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-1-1932 to 11-3-1932

I last saw h[illegible] alive on 11-3-1932. Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus with diabetic coma	Unknown
Diabetic coma	11-1-32

Other contributory causes of importance:

Heart disease arteriosclerotic with auricular fibrillation	Unknown

Name of operation none. Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

11-4-32 (If so, specify) Elmer Hitchcock M. D.
(Signed)

(Address) Balto City Hospitals

D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4254 E 84254

CERTIFICATE OF DEATH

X 137 V

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St. 14-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ? 1 mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jermiah Barker

(a) Residence: No. Oella St., Ward. Baltimore Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Caroline Barker

6. DATE OF BIRTH (month, day, year) Jan 31st 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	9	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) West Va.

13. NAME William Barker

14. BIRTHPLACE (city or town) (State or country) West Va.

15. MAIDEN NAME Mary Karnoval

16. BIRTHPLACE (city or town) (State or country) West Va.

INFORMANT Rhoda Willingham

(Address) Oella Md

BURIAL, CREMATION, OR REMOVAL

Place Oella Cemetery Date Nov 9th 1932

UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

FILED NOV 7 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1932 to 11-6 1932

I last saw him alive on 11-6 1932 Death is said to have occurred on the date stated above, at 10 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	11-6-32

Other contributory causes of importance:

Benign Prostatic Hypertrophy	10 years (Uffen)
Suprapubic Cystotomy 9-30-32	
Suprapubic Prostatectomy 10-28-32	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) R. Richard Lovett, M. D.

(Address) Univ. Hosp.

D. B. 1268-9

E 84255

84255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 6-10 St. ... Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles C. Oast

(a) Residence: No. 24 N Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of Mary Little Oast
(or) WIFE of

DATE OF BIRTH (month, day, year) March 29 - 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer 034

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Hurts Mill

13. NAME Louise Oast

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Thomas

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hospital records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date 11/8 1932

UNDERTAKER J. Fen Mc Gully

(Address) 1306 E Fort

FILED ... 19... ... Registrar.

11-7-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/29 1932 to 11/6 1932

I last saw h[illegible] alive on 11/6 1932 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Irreducible Right Inguinal Hernia	30 yrs

Other contributory causes of importance:

Senility Collapse	1 day

Name of operation Resection Date of 10/29/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) ... M. D.

(Address) Mercy Hospital

D. B. 1268-9

84256 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84256

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 107-001

CITY OF BALTIMORE: (No. 1544 Monroe St. 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..15.. yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Johnson

(a) Residence: No. 931 W. Hoffman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Johnson

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..

10. Date deceased last worked at this occupation (month and year) .. | 11. Total time (years) spent in this occupation ..

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME ..

14. BIRTHPLACE (city or town) (State or country) ..

15. MAIDEN NAME ..

16. BIRTHPLACE (city or town) (State or country) ..

INFORMANT Mollie Johnson

(Address) 931 Hoffman St

BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Nov 8th 32

UNDERTAKER E. Wilson

(Address) 1320 Brantley Ave

FILED Nov 7 1932 Huntington Woods Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-16 1932 to 11-5-32 19.....

I last saw him alive on 11-5 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	9-30-32
Other contributory causes of importance:	

Name of operation Removal of Leg Date of 10-20-32

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

..... If so, specify .....

(Signed) B. Harris M. D.

(Address) Provident Hospital

4257 —100 B—50L

E 84257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Mulberry ST. 18-26 WARD)

2-FULL NAME Maggie Lewis

(a) RESIDENCE NO 1108 Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of William Lewis

DATE OF BIRTH (month, day, and year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	?	?	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: House Work
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Eugene Kerns

(Address): 1108 Mulberry st.

Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1932

17 I HEREBY CERTIFY: That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio-renal disease

(duration) unknown yrs. mos ds

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Guy M. Cromwell M. D. Coroner

11/5, 1932 (Address) 203 Tapscott Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion

DATE OF BURIAL: Nov. 7th 19

20 UNDERTAKER: E. A. Wilson

ADDRESS: 1000 Brantley Av

D. B. 1268-9

84258 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84258

CERTIFICATE OF DEATH

V 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2726 Oakley Ave (Ward) 27-57

Length of residence in city or town where death occurred 73 yrs. 8 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Virginia Richardson

(a) Residence: No. 2726 Oakley Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. R. R. Richardson

6. DATE OF BIRTH (month, day, year) Feb 14 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME ? Jackson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Wm. W. Richardson

(Address) 3107 Harview Ave.

BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Nov 7. 1932

UNDERTAKER Wm. Dickey & Sons

(Address) North & Pulaski Aves.

Huntington Palisades, N.Y.

FILED Nov 7 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Valvular Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D. Coroner

(Address) 3692 Roland Ave

D. B. 1268-9

84259 HEALTH DEPARTMENT—CITY OF BALTIMORE 84259

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3021 W. North Ave St., (15 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Geo Odell Sr.

(a) Residence: No. 3021 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Charlotte M Odell

6. DATE OF BIRTH (month, day, year): Sept. 28, 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 10 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

13. NAME: Geo. E. Odell

14. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

15. MAIDEN NAME: Sarah Chapman

16. BIRTHPLACE (city or town) (State or country): Balto Co Md.

INFORMANT: Mrs. Marie Eckerman

(Address) 3021 W. North Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Western Cem Date: Nov 7. 1932

UNDERTAKER: Tom Pickrel Sons

(Address) North & Pa ave

FILED 1932 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 4. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1— 1932 to Nov. 4th 1932

I last saw him alive on Nov 3rd 1932. Death is said to have occurred on the date stated above, at 11.10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Prostate Gland.	5 yrs
Other contributory causes of importance: Uremic Coma	3 days

Name of operation: Prostatectomy Date of: Sept. 1927

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isaac C. Dickson, M. D.

(Address) 3055 W. North ave.

84260

E 84260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48 ✓

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1710 Mosher St.: 16-22 (Ward)

2-FULL NAME Iola Edwina Freeman

(a) RESIDENCE. NO. 1710 Mosher St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Freeman

DATE OF BIRTH (month, day, and year) May 7-1900?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	5	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mfr 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Camden N.J.

10 NAME OF FATHER Robert Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Salem N.J.

12 MAIDEN NAME OF MOTHER Florence Hagen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Camden N.J.

Informant (Address) Florence Harrison 1710 Mosher

Filed ..... 19 ..... Registrar

-1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 4 1932

17 I HEREBY CERTIFY, That I attended deceased from July 18, 1932, to November 4 1932, that I last saw h[illegible] alive on Nov 4, 1932, and that death occurred, on the date stated above, at 10 30 A.M.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? Yes Date of Aug? 1930 Hopkins

Was there an autopsy? no

What test confirmed diagnosis? Usual

(Signed) Wm H. Wright, M. D.

Nov 5, 1932 (Address) 1209 Presstman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL Nov 7 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Presstmans

D. B. 1268-9

84261 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84261

CERTIFICATE OF DEATH

34V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-4 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Georgia Shaw

(a) Residence: No. 1225 E Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rufus

DATE OF BIRTH (month, day, year) 6/1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	5		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) Fla

10. NAME Unknown

11. BIRTHPLACE (city or town) (State or country) "

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) (State or country) "

14. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

15. BURIAL, CREMATION, OR REMOVAL
Place McCaleb Date 11/7/32

16. UNDERTAKER Robert J. Williams
(Address) 15 E. Monument St.

17. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1932 to Nov 3, 1932

I last saw her alive on Nov 3, 1932 Death is said to have occurred on the date stated above, at 4:37 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHOPNEUMONIA	Sept. 32
PULMONARY FIBROSIS	?
Other contributory causes of importance:	
SYPHILIS (WASSERMAN)	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) J Rebermethy, M. D.

(Address) Johns Hopkins Hospital

c.—1-30—M. & T.—250 Bks.

E 84262

4262

HEALTH DEPARTMENT—CITY OF BALTIMORE

231

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 1525 W Saratoga ST. 18-26 (WARD)

2-FULL NAME William Johnson

(a) RESIDENCE NO. 1525 W Saratoga ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

eagth of residence in city or town where death occurred 3 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

f married, widowed, or divorced
HUSBAND of
or) WIFE of Irene Johnson

ATE OF BIRTH (month, day, and year) 1908

GE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	24			

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

IRTHPLACE (city or town) Sumter
(State or country) S C

0 NAME OF FATHER Wm McCutcheon

1 BIRTHPLACE OF FATHER (city or town) S C
(State or country)

2 MAIDEN NAME OF MOTHER Fannie Singletary

3 BIRTHPLACE OF MOTHER (city or town) S C
(State or country)

Informant Irene Johnson
(Address) 1525 W Saratoga

Filed 7-1932 Huntington Williams N.T.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/6/32

17 I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1932 to Nov. 6, 1932

that I last saw h[illegible] alive on Nov. 6, 1932

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ____ yrs. ____ mos. 5 ds.

CONTRIBUTORY (Secondary) — ,

(duration) ____ yrs. ____ mos. 0 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. Whitfield M. D.

11/7, 1932 (Address) 1536 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary — DATE OF BURIAL Nov 9 1932

20 UNDERTAKER Sam'l H. Chase Sons — ADDRESS 1538 W Lanvale

c.—1-30—M. & T.—250 Bks.

4263

E 84263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131 ✓

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N. Parrish ST. 16-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie Banks Tryfe

(a) RESIDENCE NO. 818 N. Parrish ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of 1891

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laundress

(b) General nature of industry, business, or establishment in which employed (or employer) 04

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Benjamin Banks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Anne Willard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mary Banks

(Address) 939 N Stricker

Filed 1932, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 5, 1932.

17 I HEREBY CERTIFY, That I attended deceased from May, 1931, to Nov. 5, 1932,

that I last saw h[illegible] alive on Nov. 5, 1932,

and that death occurred, on the date stated above, at 2 9. m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. N. Fifer, M. D.

11-7, 1932 Address 1536 Co. Laurale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Star

DATE OF BURIAL Nov 7 1932

20 UNDERTAKER Samuel N Edwards Son

ADDRESS 638 N Gilmor

c.—1-12-23—M&T—500 Blks.

84264 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84264

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3009 Clifton Ave ST. 15-67 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Van Sant

(a) RESIDENCE NO. 3009 Clifton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, and year) July 22 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 068

(b) General nature of industry, business, or establishment in which employed (or employer) School Teacher

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Co

10 NAME OF FATHER Nicholson Van Sant

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sally H. Van Sant

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Emma Van Sant
(Address) 3009 Clifton Ave Balto

Filed 1932 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1932

17

I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Nov 6, 1932.

that I last saw h[illegible] alive on Nov 6, 1932.

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
Arterio-sclerosis.

(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) — yrs. — mos. One ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Wassermann.

(Signed) Hubert F. Huntington M. D.

, 19 (Address) 6 East Biddle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — DATE OF BURIAL Nov 9 1932

20 UNDERTAKER H. E. Kline & Sons — ADDRESS Baltimore Md

D. B. 1268-9

84265 **HEALTH DEPARTMENT—CITY OF BALTIMORE** C 84265

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 348 East 25th St. (Ward) 12-50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lenard S. Disney

(a) Residence: No. 348 East 25th. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed or divorced, HUSBAND of (or) WIFE of Ada T. Disney

DATE OF BIRTH (month, day, year) May 3rd 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Lenard Disney

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Dunn

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Ada T. Disney

(Address) 348 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 11/7/32

19. UNDERTAKER Walter S. Gutting

(Address) 1111 N. Eutaw St

DEAD 7-1932 Huntington, Indiana, Nov 7 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4/32

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 32 to Nov 4 32

I last saw him alive on Nov 3 1932 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Chr Endocarditis & myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury, ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) John A. Schwenck M. D.

(Address) 1337 S. Charles St.

E 84266

84266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH Baltimore City Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St. 7 14 Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louis Kramer

(a) Residence: No. 1211 E Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia

DATE OF BIRTH (month, day, year) 10-26-78

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54 53		11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar factory

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry Kramer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Katie Kalner

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT (Address) Records City Hospital

BURIAL, CREMATION, OR REMOVAL Place Rosedale Cem Date 11-7-32 19

UNDERTAKER (Address) Jos Sons & Co 1339 E Baltimore

Huntington Williams, M.D. Registrar.

FILED 11-7-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7- 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/24 1932 to 11/7/32 19 ...

I last saw h[illegible] alive on 11/6 1932. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
General Paralysis	

Name of operation None Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry G Schmidt M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84267 E 84267

Registered No. 31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3548 Roland Ave St., 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Shipley

(a) Residence: No. 3548 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) May 7, 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME OF FATHER Thomas B. Shipley

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME OF MOTHER Joanna Grimes

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT George W. Shipley

(Address) 3453 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Mary's Remains Date Nov 9, 1932

19. UNDERTAKER Edward Shaw Sons

(Address) 3615 Edmondson Ave

Filed NOV 7 - 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1932 to Nov 7 1932

I last saw her alive on Nov 7 1932 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal - vascular disease	
Other contributory causes of importance:	
Chronic nephritis - uremia	Nov 2nd

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. N. Nelson M. D.

(Address) 848 W 36th St

D. B. 1268-9

84268 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 84268

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 729 Bay St., 13-57 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mrs. Mary Ridgely

(a) Residence: No. 729 Bay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas L. Ridgely

6. DATE OF BIRTH (month, day, year) Aug. 4, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER James B. Ridgely

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME OF MOTHER Caroline Meyer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Walter B. Ridgely

(Address) 700 E. Northgate

18. BURIAL, CREMATION, OR REMOVAL

Place Oella Md. Date Nov. 8 1932

19. UNDERTAKER Richard F. Cooley

(Address) 700 E. Northgate

Huntington Williams, Registrar.

NOV 7 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 1932 to Nov. 5 1932

I last saw her alive on Nov. 5 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal - Vascular disease	
Other contributory causes of importance:	
a. Cerebral Hemorrhage	Nov. 3

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. N. Wilson M. D.

(Address) 848 W 36th St.

N.J.

10—M. & T.—100 II—50L

84269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001 ✓ E 84269

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1035 Hollins ST. 21-31 WARD)

2-FULL NAME John Brell.

(a) RESIDENCE NO. 1035 Hollins ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Brell

DATE OF BIRTH (month, day, and year) Dec. 20, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	66	10	13	

G.H.B.

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Owner of 1435
(b) General nature of industry, business, or establishment in which employed (or employer): Hardware Store
(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Margaret Brell

(Address) 22 S. Fulton Ave

Filed ..... 192 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Illuminating Gas poisoning by Gas range Accidental

(Duration) Instantaneous yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably chronic myocarditis (duration) Unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Signs + symptoms

(Signed) Guy N. Thomas Jr. Coroner, M. D.

11/6 1932 (Address) 203 Patapsco Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Nov 5 1932

UNDERTAKER Richard F. Burley

ADDRESS 700 E. North Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84270

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Jackson St. Ward 24-32)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Est

(a) Residence: No. 1412 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Marie Est

6. DATE OF BIRTH (month, day, year) June 29 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	4	6	

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Labor Work
9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary
13. NAME Frank Est
14. BIRTHPLACE (city or town) (State or country) Hungary
15. MAIDEN NAME Catherine Ridler
16. BIRTHPLACE (city or town) (State or country) Hungary
17. INFORMANT Marie Est
(Address) 1412 Jackson St.
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 5, 1932
19. UNDERTAKER Richard F. Cluley
(Address) 700 E. North ave.
19 7 - 1932, 19... Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5-32

22. I HEREBY CERTIFY, That I attended deceased from 10-20, 1932, to 11-5, 1932
I last saw him alive on 11-4, 1932. Death is said to have occurred on the date stated above, at 8 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart (endocarditis)	1 day ago
Other **contributory causes** of importance:	
endocarditis	
arteriosclerosis	1 yrs

Name of operation ... Date of ...
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (**violence**) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
(Address) 1202 W North Ave

D. B. 1268-9

84271

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84271

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 12-4 (Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Robinson

(a) Residence: No. 210 Oliver St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Negro	Single Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella

6. DATE OF BIRTH (month, day, year) ? 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54 years			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Massachusetts

13. NAME John Robinson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Patient (Elnora Robinson)
(Address) 660 Mulberry St

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11/7/32

UNDERTAKER Mrs. Ella H. Holland
(Address) 163 Penn Ave Westchester Williamsport, Pa.

FILED 11-7-1932, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-31-32, 19..., to 11-1-32, 19...

I last saw him alive on 11-1-32, 19... Death is said to have occurred on the date stated above, at 9.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Hypertensive Cardiovascular Disease	
Epilepsy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Francis T. Taylor, M. D.

(Address) Mercy Hospital

D. B. 1268-9

E 84272

272 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 134

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 705 Lake Drive St. 13-54 Ward)

gth of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Isaac Kline

(a) Residence: No. 705 Lake Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Millie Kline

DATE OF BIRTH (month, day, year) Jan 16 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	9	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Meyer Kline

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Leah —

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs. D. Kline

(Address) 705 Lake Drive

BURIAL, CREMATION, OR REMOVAL

Place Friendship Date Nov. 8 1932

UNDERTAKER Sol Levinson & Bro

(Address) 1127 E. Baltimore St.

FILED Nov 8 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6/1932

22. I HEREBY CERTIFY, That I attended deceased from 10/21/1932 to 11/6/1932

I last saw him alive on 10/31/1932 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Angina Pectoris	7 weeks
Prostatic Hypertrophy	1 year
Bladder stones	1 "

Other contributory causes of importance:

Angina Pectoris Attack	3 weeks
Operation for prostate & stones	7 "

Name of operation Prostatectomy & stone removal Date of Sept 27 32

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M B Levin M. D.

(Address) 1800 N. Charles St.

D. B. 1268-9

84273 HEALTH DEPARTMENT—CITY OF BALTIMORE 84273

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 4940 Eastern Ave) (Ward)

Length of residence in city or town where death occurred 64 yrs. 3 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James Adelbergen

(a) Residence: No. 412 N Carrollton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 18th 1868

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	3	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Joseph F Adelbergen

14. BIRTHPLACE (city or town) Frederick Co
(State or country) Md

15. MAIDEN NAME Elizabeth E. Dixon

16. BIRTHPLACE (city or town) Ireland
(State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 11/9/ 1932

UNDERTAKER John Howard & Son
(Address) 901 E Pleasant St

FILED 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11 1932 to Nov 6 1932

I last saw him alive on Nov 6 1932. Death is said to have occurred on the date stated above, at 10:45 AM

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset June 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Bennett A. Stone M. D.

(Address) Baltimore City Hospitals

—1-30—M. & T.—250 Bks

E 84274

84274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

232

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (No. 2230 Mura ST., 8-17 WARD)

2-FULL NAME Rena Virginia Montgomery

(a) RESIDENCE NO. 2230 Mura ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 3 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	White	Widowed

married, widowed, or divorced HUSBAND of or) WIFE of Widowed Joseph Millet

ATE OF BIRTH (month, day, and year) Aug. 1, 1907

GE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
5	25	3	7	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None. (old)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

IRTHPLACE (city or town) (State or country) Washn. D.C.

0 NAME OF FATHER John W. Wagaman

1 BIRTHPLACE OF FATHER (city or town) (State or country) Prince George Co. Md.

2 MAIDEN NAME OF MOTHER Beatrice Brooks

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Walton Co. Va.

Informant Father.

(Address)

Filed 1932 Huntington Williams, N.Y. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/7/32

17 I HEREBY CERTIFY, That I attended deceased from 11/5, 1932, to 11/7, 1932, that I last saw h[illegible] alive on 11/7, 1932, and that death occurred, on the date stated above, at 4 05 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [signature], M. D.

, 19 (Address) 1304 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hyattsville, Md.

DATE OF BURIAL 11/7 1932

20 UNDERTAKER F. Davis Sons

ADDRESS Hyattsville Md.

Spec.—6-6-14—H. P. Co.—1000 Bks.

84275

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84275

95-002

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2306 E. Federal St. (Ward) 8-16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph A. Edelmann

(a) RESIDENCE. No. 2306 E. Federal St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or WIFE of) Barbara Edelmann

DATE OF BIRTH (month, day, and year) July 21 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Tinner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Retired

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Valentine Edelmann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Anna Kapp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Barbara Edelmann

(Address) 2306 E. Federal St

Filed NOV 7 - 1932 Huntington Williamsport, N.Y.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 6 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 1 - 32 to Nov 6 1932

that I last saw h[illegible] alive on Nov 6 - 1932.

and that death occurred, on the date stated above, at 9.35 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Cardiac Dilation

(duration) yrs. 6 mos. — ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Dr Lawrence Kyle, M. D.

1932 (Address) 2042 Eden St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Moreland Memorial Cem. DATE OF BURIAL: Nov 9 1932

20 UNDERTAKER: Frank A. Fink ADDRESS: 916 N. Gay St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84276

CERTIFICATE OF DEATH

93-003 E 84276

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 W Lexington St. (Ward) 19

Length of residence in city or town where death occurred 73 yrs. ... mos. 19 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George E. Griffin

(a) Residence: No. 1809 W. Lexington Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Griffin

6. DATE OF BIRTH (month, day, year) Oct 17 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	—	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. architect

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 886

9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 53

10. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Michael J. Griffin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine E. Griffin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sarah E. Griffin

(Address) 1809 W Lexington

18. BURIAL, CREMATION, OR REMOVAL Date 11/9/32 19

Place Catholic Cemetery

19. UNDERTAKER George E. Talbert

(Address) Guilford Avenue

FILED 1932 Estelle Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/1 1932 to 11/6 1932

I last saw him alive on 11/5 1932 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Date of onset 11/4/32

Other contributory causes of importance:

Myocardial Deg and Decompensation — 11/1/30

Generalized Arteriosclerosis — 11/1/30

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no (If so, specify)

(Signed) Robert B. Mitchell Jr. M. D.

(Address) 910 N. Lombard

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84277

CERTIFICATE OF DEATH

160-002 E 84277

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital, St., 2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Emkey

(a) Residence: No. 3414 Philadelphia Road St., Ward. Balto Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 2, 1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME August Emkey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Myrtle Wilson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL

Place J H Med College Date Nov 7 19 32

UNDERTAKER
(Address)

Huntington Williams, M.D.
Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1932 to Nov. 5 1932

I last saw him alive on Nov. 5, 1932. Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

Intracranial Hemorrhage — Date of onset 11-4-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) David Stanford Clayman M. D.

(Address) Sinai Hospital

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4278 159 E 84278

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden ham Hospital St. 15-21 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Baby Boy Brooks

(a) Residence: No. 1652 No. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mall	Black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

DATE OF BIRTH (month, day, year) Nov. 1, 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Jeff Coby

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Hartenal Brooks

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

INFORMANT Hartenal Brooks
(Address) 1652 N. Gilmor St

BURIAL, CREMATION, OR REMOVAL
Place Pine Lawn Date Nov 7 19 32

UNDERTAKER
(Address)

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1932, to Nov. 5, 1932

I last saw him alive on Nov. 5, 1932, death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11.1.32

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. H. Brooks, M. D.

(Address) Lyden ham Hospital

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4279 E 84279

CERTIFICATE OF DEATH

159 ✓

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 26 S. Appleton St., 18-24 Ward)

nyth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

. FULL NAME Infant male Spindler, premature

(a) Residence: No. 26 S. Appleton St., ... Ward.
(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/6/32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 10 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm J. Spindler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Burns

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL.
Place Dr Rohrer Date Nov 7, 1932

UNDERTAKER .....
(Address) Huntington Millwood, N.J.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6/1932

22. I HEREBY CERTIFY, That I attended deceased from 11/6/1932 to 11/6/1932

I last saw him alive on 11/6/1932 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 6½ mos	

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Robt B Mitchell M. D.

(Address) 910 W. Lombard St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4230 VE 84280

145-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 9-17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Laura Lutch

(a) Residence: No. Pikesville, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Lutch

6. DATE OF BIRTH (month, day, year) Feb. 28-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Maryland

13. NAME OF FATHER Thomas M. Fisher

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

15. MAIDEN NAME OF MOTHER Nellie Patterson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Thomas M. Fisher

(Address) 510 Reisterstown Rd. Pikesville

18. BURIAL, CREMATION OR REMOVAL

Place Druid Ridge Cemetery Date Nov 8th 1932

19. UNDERTAKER Frank D. Fierle

(Address) Pikesville Md.

20. FILED 1932 Huntington, W. Va. Nov 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6- 1932

22. I HEREBY CERTIFY, That I attended deceased from October 26, 1932 to Nov-6- 1932

I last saw her alive on November 4th 1932. Death is said to have occurred on the date stated above, at 7:55 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Puerperal Infection Peritonitis —	10-23-32

Other **contributory causes** of importance:

Septicemia	11-1-32

Name of operation Laparotomy & Drainage for Peritonitis Date of 11-2-32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. F. Young, M. D.

(Address) St. Joseph Hosp.

1-30—M. & T.—250 Blks.

84281 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84281

CERTIFICATE OF DEATH.

#82-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 306 N Carey ST. 18-26 (WARD)

2-FULL NAME Mary E Schek

(a) RESIDENCE NO. 306 N Carey ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (or) WIFE of: Theodore Schek.

6 DATE OF BIRTH (month, day, and year): Oct 30-1872

7 AGE: Years 60 | Months 0 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 039

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Virginia

10 NAME OF FATHER: Benjamin Rhodes

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Orleans

12 MAIDEN NAME OF MOTHER: Catherine Henderson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

Informant: Theodore D. Schek.
(Address)

Filed 1932, 19 Washington Williams, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/6-32

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Nov. 6, 1932, that I last saw h alive on Nov. 6, 1932, and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

Arterial Sclerosis Hypertension

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary): Apoplexy

(duration) ..... yrs. 14 mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Chas A Cullis M. D.

11/6. 1932 (Address) 2143 N Bals ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Louden Park Cemetery

DATE OF BURIAL: Nov. 9 1932

20 UNDERTAKER: Josiah Syfer

ADDRESS: 1603 W. North ave

...—1-30—M. & T.—250 Blks

4282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84282

CERTIFICATE OF DEATH.

46

27-54

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 Fulgrave Ave ST., WARD)

2-FULL NAME Mrs. Kate R. Beadenkopff Fort Washington

(a) RESIDENCE NO. 1918 Fulgrave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced (HUSBAND of or) WIFE of George Beadenkopff

DATE OF BIRTH (month, day, and year) 9. 1. 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Stephen W. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Susanna M. Carter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

Informant Louis Ida Jones

(Address) 1918 Fulgrave Ave

Filed NOV 9 1932, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11. 6. 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932, to Nov. 6, 1932, that I last saw her alive on Nov. 6, 1932, and that death occurred, on the date stated above, at 10.40 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of intestine & Stomach.

Lymph Glands

Cystitis Chronic

(duration) 6 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of Aug - 15 - 32

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) E. H. Bretem, M. D.

(Address) 1914 Fulgrave Ave Fort Washington Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westmoreland Cemetery

DATE OF BURIAL Nov 9 19 32

20 UNDERTAKER Hughes & Jones

ADDRESS Fort Washington Md

D. B. 1288-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84283 ✓ 84283

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Sinai Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... S. 26-37 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Schriver (Schriver.)

(a) Residence: No. 3613 E. Fairmount St. St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 14 1907

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bells Shoe Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Ernst Schriver

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Susan Shangler

16. BIRTHPLACE (city or town) (State or country) Penna.

INFORMANT Mabel Wiener Sister

(Address) 3606 E. Fairmount St.

BURIAL, CREMATION, OR REMOVAL

Place Pet Lawn Date Nov. 8 1932

UNDERTAKER Lilly Feiler Inc.

(Address) 403 S. Broadway Balto.

Filed Nov. 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1932 to Nov. 4, 1932

I last saw h[illegible] alive on November 4, 1932 Death is said to have occurred on the date stated above, at 4:08 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	10/26/32
Peritonitis	10/26/32
Intestinal Obstruction	10/27/32

Other contributory causes of importance:

Name of operation Appendectomy with drainage Date of Oct 27 32

What test confirmed diagnosis? Intestinal Obstruction Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Arthur Gilbert Cohen M. D.

(Address) 3606 Fairmount Ave.

D. B. 1268-9

84284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84284

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 S. Washington St. St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Eisenreich

(a) Residence: No. 16 S. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Eisenreich

6. DATE OF BIRTH (month, day, year) Dec. 5 1854.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation....

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Joseph Eisenreich

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Josephine D. Eisenreich
(Address) 16 S. Washington St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 9 1932

UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Broadway

FILED 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5 1932.

22. I HEREBY CERTIFY, That I attended deceased from March 5 1931. to Nov 5 1932.

I last saw h alive on Nov 5 1932. Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Cardiac Failure	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) M. Ephraim M. D.

(Address) 1904 E Baltimore St.

H. D. B. 1268-9

84285 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84285

CERTIFICATE OF DEATH

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 S. Conkling St. St. 76-36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard J. Flury.

(a) Residence: No. 721 S. Conkling St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ------

DATE OF BIRTH (month, day, year) July 31 1932.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	7 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Andrew F. Flury.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Anna Zeller.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Andrew F. Flury (Father)
(Address) 721 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Nov. 9 1932

19. UNDERTAKER Lilly & Zeiler, Inc.
(Address) 403 S. Wolfe St.

20. FILED Nov 9 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 - 1932 to Nov 7 - 1932

I last saw him alive on Nov 7 - 1932. Death is said to have occurred on the date stated above, at 9A. M. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilation	Nov 6/32
Other contributory causes of importance: Acute Bronchitis	Oct 26/32

Name of operation None Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Vogt M. D.

(Address) 3043 Woodbine Ave Md

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84286 49 ✓ 24 E 84286

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 13-56 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 10 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Samuels

(a) Residence: No. 2571 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-19-26

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	10	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total [illegible] (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Silas Samuels

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Blanche Coles

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date 11/9 1932

UNDERTAKER Samuel C. Hemsley
(Address) 578 N. Broadway

FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1932 to Nov 6 1932

I last saw h[illegible] alive on Oct 6 1932 Death is said to have occurred on the date stated above, at 5:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John B. Washington, M. D.

(Address) Johns Hopkins Hosp

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84287

CERTIFICATE OF DEATH

95-002

E 84287

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Division St. 14-36 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Mary C. Wheeler

(a) Residence: No. 1612 Division St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1872

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Washington Baylor

14. BIRTHPLACE (city or town) (State or country) Redmond Va

15. MAIDEN NAME Emily Carrington

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Robt. Wheeler

(Address) 1250 1/2-13 35th Ave Newark N.J.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11/8/32 19

UNDERTAKER Samuel Rickenbach Sons

(Address) 518 N. Broadway

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1932 to Nov. 5 1932

I last saw he alive on Nov. 1 1932 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

Organic Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation ....Date of ....

What test confirmed diagnosis? ....Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ....19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) G. Garland Abercrombie M. D.

(Address) 1534 Druid Hill Ave

Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84288

CERTIFICATE OF DEATH

X 82 E 84288

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1240 W. Lombard St. 18-29 (Ward)

Length of residence in city or town where death occurred yrs. 6 Wks mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

FULL NAME Annie Reshneck

(a) Residence: No. Greenland Beach Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emory Reshneck

DATE OF BIRTH (month, day, year) Feb. 15 - 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?1

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cornwall England

13. NAME Richard Hockney

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Grace Ellis

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs Margaret Gerken

(Address) 1240 W Lombard St

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Nov 9 1932

UNDERTAKER Geo L Beyer Jr

(Address) 15[illegible] Hamburger Mortuary 2[illegible] Hamburger Funerals, Inc.

Filed 1932 W. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1932 to Nov 7 1932

I last saw her alive on Nov 5 1932 death is said to have occurred on the date stated above, at 1.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Cerebral thrombosis with complete left hemiparesis	9/24/32

Other contributory causes of importance:

Name of operation None. Date of operation

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Motor car accident
Nature of injury Fractured skull

(over)

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) W. H. Triplett M. D.

(Address) 1324 W. Lombard St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84289

E 84289

CERTIFICATE OF DEATH

93-203

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1614 Llewellyn Ave St. 8-17 Ward)

gth of residence in city or town where death occurred 60 Years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Caroline Scharman

(a) Residence: No. 1614 Llewellyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of / HUSBAND of: John Scharman

ATE OF BIRTH (month, day, year): May 8, 1852

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

8. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Rudolph Schusky

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Charles Scharman

(Address): 1614 Llewellyn Ave

BURIAL, CREMATION, OR REMOVAL

Place St. Mathews Cem Date Nov. 8 19 32

UNDERTAKER: [illegible]

(Address) 733 [illegible]

FILED 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-3-32 to 11-6 19 32

I last saw her alive on 11-6 19 32 Death is said to have occurred on the date stated above, at 12 10 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration — Date of onset 11-5-32

Other contributory causes of importance: Cerebral Arteriosclerosis — Date of onset 11-3-32

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: No

Manner of injury: No

Nature of injury: No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Miller, M. D.

(Address) 1500 Eastern

D. B. 1868-V

HEALTH DEPARTMENT—CITY OF BALTIMORE

84290 E 84290

CERTIFICATE OF DEATH

Registered No. 133

1. PLACE OF DEATH Union Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 12-30 Ward

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carmelo Merenda

(a) Residence: No. 318 Whitridge St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 22, 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Paul Merenda

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Amelia Mazzarelli

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mary L. Hecht

(Address) 318 Whitridge Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Cathedral Date 11/9/32, 19

UNDERTAKER George J. Kirk Son

(Address) 1735 Monument Ave

Huntington Ave

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1932 to Nov 5, 1932

I last saw him alive on Nov 5, 1932. Death is said to have occurred on the date stated above, at 8:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelo nephritis	Oct 30 '32

Other contributory causes of importance:

Uremia	Oct 31
Pulmonary edema	Nov 6

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Mary L. Hecht M. D.

(Address) Union Memorial Hospital

D. B. 1268-8

84291 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84291

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 N. Wolfe St., 6-9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME WILLIAM PENSMITH

(a) Residence: No. 10 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa Pensmith

DATE OF BIRTH (month, day, year) Nov.23.1831

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 50
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Pensmith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Grauling

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. John Pensmith (Brother)
(Address) 3806 Walnut Ave. Overlea

BURIAL, CREMATION, OR REMOVAL
Trinity Cemetery Date Nov. 9. 1932
UNDERTAKER Geary Sander & Sons, Inc.
(Address) Baltimore St. & Broadway

Huntington Williams, M.D.
Registrar.

FILED 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7. 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw him alive on . 19 Death is said to have occurred on the date stated above, at Bet. 12 and 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chr. Nephritis	?
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D.
Coroner

(Address)

...—2-29-28—L. F. S.—500 Bks.

84292 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 84292 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Transf. to Gen. Hosp ST. 16-32 (WARD)

2—FULL NAME Mr. Walter Artz

(a) RESIDENCE NO. 800 N. Fulton Ave ST., WARD (If non-resident give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Artz

6 DATE OF BIRTH (month, day, and year) Nov. 10, 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	11	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager Theatre

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hagerstown, Md

10 NAME OF FATHER William R. Artz

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER Catherine Nugett

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

Informant Mrs Mary Artz

(Address) Baltimore & Fulton Ave

Filed 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932, to Nov 7, 1932, that I last saw h[illegible] alive on Nov 7, 1932 and that death occurred, on the date stated above, at 6 40 P m.

The CAUSE OF DEATH* was as follows:

Subdural Hemorrhage due
might to fatal blow or
a result of a fall-

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Cardiac & Respiratory failure (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Subdural Hemorrhage

Did an operation precede death? Yes Date of 11/7/32

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. H. Crouse, M. D.

, 19 (Address) Md General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hagerstown, Md DATE OF BURIAL Nov 10 1932

20 UNDERTAKER Fred W Kraiss ADDRESS Hagerstown

84293 Co. 1000 Blks.

E 84293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1925 Division ST. (WARD) 8-16

2-FULL NAME Ellen Mary Lyles.

(a) RESIDENCE. NO. 1925 Division ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40+ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of George B Lyles

DATE OF BIRTH (month, day, and year) June 10 1876?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) St Marys Co Md

10 NAME OF FATHER Phillip Wallace

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co Md

12 MAIDEN NAME OF MOTHER Laura Neal

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co

Informant Joseph Lyles

(Address) 1925 Division

Filed 11/8 1932 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5 1932

17 I HEREBY CERTIFY, That I attended deceased from November 1 1932, to Nov 5 1932,

that I last saw h[illegible] alive on November 5 1932,

and that death occurred, on the date stated above, at 7.55 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Rt Side Brain

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteri Sclerosis

(duration) 6++ yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Blood Pressure Eo

(Signed) Thos. N. Wright, M. D.

11/6 1932 (Address) 1209 Presstman St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	11/8/1932
20 UNDERTAKER	ADDRESS
Mrs. Geo. E. Holland	1631 Druid Hill Ave

8 - 1932

D. H. 1268-9

84294 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ M E 84294

CERTIFICATE OF DEATH

210-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 19 W Fred)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William K Smith

(a) Residence: No. 120 S Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) Sept 16, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	22 21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto.

10. NAME George W Smith

11. BIRTHPLACE (city or town) (State or country) Balto.

12. MAIDEN NAME Kate Hooper

13. BIRTHPLACE (city or town) (State or country) Balto

14. INFORMANT Charles E Smith

(Address) 120 S Fulton Ave

15. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Nov 11 32

16. UNDERTAKER George L Schwab

(Address) 1201 E Fredrick Ave Huntington Milliard N.H.

17. FILED Nov 12 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 . 19 . to . 19

I last saw h alive on Nov 7 . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured base of skull	11/7/32
Other contributory causes of importance:	
Struck by automobile	11/7/32

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/7 . 32

Where did injury occur? Hollins & Payson Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury standing on pavement

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph F Young M. D.
Coroner

(Address) 2200 E Madison St

D. H. 1268-9

84295 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84295

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2326 Reisterstown Rd. 15-31 Ward)

Length of residence in city or town where death occurred 72 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bettie Goldman

(a) Residence: No. 2326 Reisterstown Rd. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Louis Goldman

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Louis Goodman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Leah

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jack Lewis Inc
(Address) 1439 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place New Hebrew Cem. Date 11-8-32 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Balto St

20. FILED 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1932 to Nov. 7 1932

I last saw h[illegible] alive on Nov. 7 1932 Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar pneumonia	11/7/32

Other contributory causes of importance:

Cardiac failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M. M. Futterman M. D.

(Address) 2324 Reisterstown Rd

D. B. 1268-9

4296

Gunthers

HEALTH DEPARTMENT—CITY OF BALTIMORE B 34296

CERTIFICATE OF DEATH

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1545 Myrtle Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Gunthers

(a) Residence: No. 1545 Myrtle Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Gunthers

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76 -			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Fran Bailey

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Margaret Anderson
(Address) 1545 Myrtle Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date Nov 8 1932

UNDERTAKER Mrs Katie R Williams
(Address) 332 N. Schroeder St.

FILED 8 Nov 1932 Huntington Williams Jr. M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/10/32 19... to 11/3/32 19... I last saw her alive on 11/1/32 19... Death is said to have occurred on the date stated above, at 10:45 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of the Kidneys Chronic Phronic Nephritis	1924 1 Yr

Other contributory causes of importance:

Influenza Pneumonia Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Lee Taylor M. D.

(Address) 724 Mon. Ave

D. B. 1268-9

84297 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84297

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenway Aparts. St. 12-44 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William C. Williams

(a) Residence: No. Greenway Aparts, N. Charles St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Williams

DATE OF BIRTH (month, day, year) Mch. 12. 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	7	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Phila Pa.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Frances Williams
(Address) Greenway Aparts.

BURIAL, CREMATION, OR REMOVAL
Place ..... Date Nov. 8, 1932

UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Pl. Md.

FILED 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6. 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Renal Disease

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) John H. Morrison M. D.
Coroner

(Address) 3502 Roland Ave.

D. B. 1268-9

84298 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84298

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-17 Ward)

2 weeks

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 44 yrs. ... mos. ... ds.

FULL NAME Julia Wisniewski

(a) Residence: No. 4101 North Point Road St., ... Ward. Natl. St. Rd. Lake Rd.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lawrence Wisienwski

DATE OF BIRTH (month, day, year) 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Barthelmy Fryze

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Lawrence Wisienwski
(Address) 4101 North Point Road

BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date Nov 8 . 1932

UNDERTAKER John J. Weber
(Address) 1401 E. Chase St

FILED 11-8-1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6/32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	Nov 5/32
Carcinoma Gall Bladder with metastases	?
Other contributory causes of importance: Fracture left femur (Neck)	Oct 24

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury Oct 24/32

Where did injury occur? St. Joseph Hospital
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Slipped on floor of private room in hospital

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) D. F. Voss, M. D. Coroner

(Address) 508 E. Fort Ave

30—M. & T.—100 B—50L

84299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-601

E 84299

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 404 N. Carrollton Ave. (ST.) Aug 8-36 (WARD)

2-FULL NAME Isiah J. Ross

(a) RESIDENCE NO. 404 N. Carrollton Ave. ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Rita Ross

DATE OF BIRTH (month, day, and year) Dec. 25, 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	44	10	11	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook 21
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Maryland Club

BIRTHPLACE (city or town) (State or country) Charlotte S. C.

10 NAME OF FATHER Tony Ross

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Margaret Harrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

Informant Rita Ross

(Address) 404 N. Carrollton Ave.

Filed Nov 7 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 1/2 hour ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) Guy W. Cromwell M. D. Coroner

11/7 1932 (Address) 703 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 11/8 1932

20 UNDERTAKER Charles Burke

ADDRESS 3217 W. Lorraine St

- 1022

Co. 5-11 250B

84300 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. E 84300

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH 2058 E Hoffman St. 8-17 (Ward)

TY OF BALTIMORE: (No. ..... St., ... Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Joshua Robinson

(a) Residence: No. 2058 E Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Robinson

DATE OF BIRTH (month, day, year) June 9, 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Food
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (month and year) Sept 1932
11. Total time (years) spent in this occupation 50 yrs

BIRTHPLACE (city or town) Balto.
(State or country) Md

13. NAME Joshua Robinson
14. BIRTHPLACE (city or town) Balto Co
(State or country) Md
15. MAIDEN NAME Mary E Brown
16. BIRTHPLACE (city or town) Balto
(State or country) Md

INFORMANT His wife
(Address) 2058 E Hoffman

BURIAL, CREMATION, OR REMOVAL
Place Loudon Gardens Date 10-8-, 1932

UNDERTAKER Randall E. Humphreys
(Address) Huntington Pkwy & Greenway

Huntington Pkwy & Greenway

FILED - 1932

Huntington Pkwy & Greenway, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Nov 5, 1932
I last saw him alive on Nov 4 1932 death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Volvulus Duodenum	
Carcinoma	
Other contributory causes of importance:	
Surgery	10 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Milton P. Stull M. D.

(Address) 4531 Reisterstown Rd

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84301 E 84301

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb) 4-25 23 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jeanette Collins

(a) Residence: No. 621 W. Saratoga st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Arthur Collins

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Cora Hawkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-7-32

19. UNDERTAKER Doleman Foster
(Address) 624 Pa ave

20. FILED 1932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1932 to Nov. 4, 1932

I last saw her alive on Nov. 4, 1932 Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed): Bennett A. Stacy M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84302 E 84302

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Joseph's Hosp 2-4 St., ... Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Heimmer

(a) Residence: No. 2065 Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Walburga Heimmer

6. DATE OF BIRTH (month, day, year) Oct 8 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84	-	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Heimmer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emily Lingle

(Address) 200 N Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 11 1932

19. UNDERTAKER Martin McE. Duppa Sons

(Address) 30 Hilton Pl Washington, D.C.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1932 to Nov 7 1932

I last saw h.. alive on Nov. 7 1932 Death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia Cause	
Cardio vascular renal disease	(

Other contributory causes of importance:

Secondary anemia	
Protruding hemorrhoids internal	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) K. F. Jones M. D.

(Address) Dr. St. Joseph Hosp

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4303

CERTIFICATE OF DEATH

12 45 60 2

12 E 84303

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 223 W. Monument St., 11-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm A. Lewis

(a) Residence: No. 223 W. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 7 - 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Shamokin (State or country) Pa.

13. NAME Wm H. Lewis

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Helen S. Brown

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mrs E. S. Lewis (Wife)

(Address) 223 W. Monument St

BURIAL, CREMATION, OR REMOVAL.

Place Shamokin Pa. Date Nov 9 1932

UNDERTAKER Lewis Bonnett Co

(Address) Baltimore Md

FILED 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 - 1931 to Nov 7 - 1932

I last saw h in alive on Nov 7 - 1932 Death is said to have occurred on the date stated above, at 12 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	3 yrs
Mitral insufficiency	
	1 mo
Other contributory causes of importance:	
Cirrhosis of the liver	5 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Monument St

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84304

84304

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 3010 Grayson ST. 16-67 (WARD)

2-FULL NAME Jas J. Derenberger

(a) RESIDENCE NO. 3010 Grayson ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. 6 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Catherine Derenberger

DATE OF BIRTH (month, day, and year) April 22, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) 666

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md

10 NAME OF FATHER Jacob Derenberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Jane Finnegan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Mrs Catherine Derenberger

(Address) 3010 Grayson St

Filed 11/8 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 7 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932, to Nov 6, 1932.

that I last saw him alive on Nov 6, 1932.

and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (Apoplexy) 10 min

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Mac O'Neill M. D.

11/7, 1932 (Address) 108 N Futon Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL Nov 10 1932

20 UNDERTAKER Margaret A Flynn — ADDRESS 1422 Light St

Co. 5-31 250B

4305

HEALTH DEPARTMENT—CITY OF BALTIMORE

108 E 84305

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. South Baltimore Gen. Hosp. St. 26-42 Ward)

gth of residence in city or town where death occurred yrs mos ds How long in U.S. If of foreign birth? yrs mos ds.

FULL NAME Rudolph Stastny

(a) Residence: No. 5006 Hamilton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Stastny

DATE OF BIRTH (month, day, year) June 15, 1892

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	35	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Raspeburg Md.

13. NAME John Stastny

14. BIRTHPLACE (city or town) (State or country) Slovakia

15. MAIDEN NAME Emma Pezela

16. BIRTHPLACE (city or town) (State or country) Slovakia

INFORMANT Bessie Stastny
(Address) 5006 Hamilton Ave

BURIAL, CREMATION, OR REMOVAL
Place Oakhill Date Nov 10 1932

UNDERTAKER Paul R. Corderman
(Address) 1306 Edmondson Ave
Huntington Williams, Inc.

FILED - 1932 R. A. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1932 to 11-7, 1932

I last saw him alive on 11-7, 1932 death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a- Lobar Pneumonia (Streptococci)	10-12-32
1b- Lateral Empyema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Thoracentesis Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Paul Luban, M. D.
(Address) South Baltimore Gen. Hosp.

...—2-29-28—L. F. S.—500 Bks.

(Widerman)

HEALTH DEPARTMENT—CITY OF BALTIMORE

84306 E 84306

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland Gen. Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 11-24 ST. WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Minnie Grimes Widerman

(a) RESIDENCE NO. 1003 W. Baltimore ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

...th of residence in city or town where death occurred ... mos. 25 ds. - How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Henry Widerman

7 DATE OF BIRTH (month, day, and year) June 1 1857

8 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	4	29	

9 OCCUPATION OF DECEASED Housewife

(a) Trade, profession or particular kind of work H. W. 37 0

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Woodstock Baltimore Co. Maryland

11 NAME OF FATHER Robert Grimes

12 BIRTHPLACE OF FATHER (city or town) Balt Co. (State or country) Md.

13 MAIDEN NAME OF MOTHER Hanna Grimes

14 BIRTHPLACE OF MOTHER (city or town) Baltimore Co (State or country) Maryland

Informant ... (Address) ...

Filed ... 1932 Huntington Williams, Nov. 9 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 11 1932 to ... 19..., that I last saw h... alive on Nov ... 19..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pancreas

causing obstructive jaundice

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Myocardial failure

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? Yes Date of 10-31-32

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Symptoms

(Signed) H. Proctor, M. D.

11/6 1932 (Address) Md Gen Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olive Cemetery, Roslyn

DATE OF BURIAL Nov. 9 1932

20 UNDERTAKER Robt J Cook

ADDRESS 1003 West Baltimore St.

Spec.—B 30—A. & Co.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE

4307 E 84307

CERTIFICATE OF DEATH.

94-001 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 229 N Calhoun ST. 19-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John P. Renner

(a) RESIDENCE NO. 229 N Calhoun ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Virginia 1853

DATE OF BIRTH (month, day, and year) Jan 6 1853

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	10	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk 009

(b) General nature of industry, business, or establishment in which employed (or employer) Mercantile

(c) Name of employer Quick Lft. Store

BIRTHPLACE (city or town) (State or country) Sharpsburg Md. Washington County

10 NAME OF FATHER Sylvester Renner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Aditha E Rhodrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Otto N. Renner 6639 Wayne Ave Philadelphia Pa

Filed 1932 Huntington Williams, M.D. Registrar P. C. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-7-32

17

I HEREBY CERTIFY, That I attended deceased from 1, 1920, to 11-5-32, 1932

that I last saw him alive on 11-5-32, 19

and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) Marshall F. Smith M. D.

19 (Address) Arnold Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Frederick Md

DATE OF BURIAL Nov 9th 1932

20 UNDERTAKER George F Smith

ADDRESS 1532 Eutaw St

D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84308 E 84308

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals 34

CITY OF BALTIMORE: (No. Baltimore Md St., 5-S (Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie MEndes

(a) Residence: No. 530 East St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced! HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
43	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 0 40

12. BIRTHPLACE (city or town) (State or country) Portugal

13. NAME Jessie MEndes

14. BIRTHPLACE (city or town) (State or country) Portugal

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Portugal

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date Nov. 9th. 1937

19. UNDERTAKER Bryant Marie Knight
(Address) 1518 Mc Elderry St

20. FILED NOV 8 1937 Washington Williams N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-4-1937 to 11-5-1937

I last saw h[illegible] alive on 11-5-1937 Death is said to have occurred on the date stated above, at 1:09 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	6-4-37
Syphilitic	
Aortic insufficiency	
Other contributory causes of importance:	
Acute Myocarditis	
Insufficiency	11-5-37
Uremia	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

11-5-37 (Signed) Elmer H. Pratt M. D.

(Address) Balto City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84309

CERTIFICATE OF DEATH

23E 84306

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St. 1324 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Crowford Jones

(a) Residence: No. 629 W Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 04 19 - 1907

7. AGE: Years 25 | Months 0 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Rockingston N.C.

13. NAME Lucius Jones

14. BIRTHPLACE (city or town) (State or country) Kilty N.C.

15. MAIDEN NAME Sarah Turner

16. BIRTHPLACE (city or town) (State or country) Kilty N.C.

17. INFORMANT Hospital Records
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Brockingham N.C. Date 11-8- 1932

19. UNDERTAKER John M. Skinner & Son
(Address) 1625 E. Fayette St. Huntington Mathews, Md.

20. FILED 11-8- 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-29 1932 to 11-7 1932

I last saw him alive on 11-7 1932 Death is said to have occurred on the date stated above, at 5:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tubercalosis	?
Tuberculous Empyema	9-25-32

Other contributory causes of importance:

Myocardial failure	11-7-32

Name of operation Thoracotomy Date of 10-33

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. Bruce Selafer M. D.

(Address) Balto City Hospitals

D. B. 1268-9

4310 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84310

PLACE OF DEATH

CITY OF BALTIMORE, No. Coast Guard Station, Chesapeake Bay

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Gregory Stergias

(a) Residence: No. ... St. ... Ward ... North Bergen New Jersey

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. CONDITION (Single, Married, Widowed, or Divorced (write the word))
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 10-1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 3rd Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ward Line Steam Ship Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (City or town) (State or country) Salonika Greece

13. NAME OF FATHER George Stergias

14. BIRTHPLACE (City or town) (State or country) Salonika Greece

15. MAIDEN NAME OF MOTHER Katherine Leondas

16. BIRTHPLACE (City or town) (State or country) Salonika Greece

INFORMANT Mrs Helen Philopoor

(Address) 426 Center N Bergen N J

BURIAL, CREMATION, OR REMOVAL

Place Brooklyn N Y Date 11/8 1932

UNDERTAKER Murray Cook & Co

(Address) 1217 St Paul St

FILED 11-8-1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... , to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10.10 a m.

The principal cause of death and related causes of importance were as follows:

(1) Acute bronchitis & lungs — Date of onset ...

Other contributory causes of importance: Cardiac insufficiency — Date of onset ...

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H Fleming M D Coroner, M. D.

(Address) 1305 N Calhoun St Cor

D. B. 1268-9

Josiah Harris

84311 HEALTH DEPARTMENT—CITY OF BALTIMORE 84311

CERTIFICATE OF DEATH V 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Balto city Hosp. St. 15-68 Ward)

ngth of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

. FULL NAME Josiah Harris

(a) Residence: No. 4242 Pk Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) Jan. 25 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	9	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New Jersey.

13. NAME Sarah F. Harris

14. BIRTHPLACE (city or town) (State or country) ? New Jersey

15. MAIDEN NAME Mary McPherson

16. BIRTHPLACE (city or town) (State or country) ? N. J.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 9 1932

UNDERTAKER Stull Funeral Home

(Address) 1000 E. Monument St.

9-11-1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/17 1930 to 11/7 1932

I last saw h[illegible] alive on 11/7 1932 Death is said to have occurred on the date stated above, at 10-30 a.m.

The principal cause of death and related causes of importance are as follows:

Pontal fistula — 1928
Fistula in ano — 3 mos
Duodenal ulcer — 9 mos 1931

Other contributory causes of importance:

Broncho pneumonia — 3 days

Name of operation None. Date of

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Balto City Hospitals

D. B. 1268-9

84312 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 84312

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3506 Walbrook St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew J. Finch

(a) Residence: No. 3506 Walbrook St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret S. Finch

DATE OF BIRTH (month, day, year): Aug 9 1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or, ... min.
	86	0	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Gas

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME Mary Finch

14. BIRTHPLACE (city or town) (State or country): Boston Mass

15. MAIDEN NAME Louise Yauger

16. BIRTHPLACE (city or town) (State or country): Holland

INFORMANT: Howard A Finch

(Address) 1 Calvert St. - Charles & Lexington

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 10, 1932

UNDERTAKER: J. Fred Huntington Williams, Mgr.

(Address) 1 E. Lexington St.

FILED 1932, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to Nov 7, 1932

I last saw him alive on Nov 7 (1932) Death is said to have occurred on the date stated above, at 4 (19) m.

The principal cause of death and related causes of importance were as follows:

Cardio-sclerosis, with valvular heart disease and chronic Nephritis

Date of onset
July
July

Other contributory causes of importance:

Age

Name of operation none Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wesley Ed ..., M. D.

(Address) 2202 Homewood

Dec.—9-30—A. & Co.—250 Bks

4313

E 84313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√ 82-002

REGISTERED NO. 13-52

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 40th St & Keswick Rd ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs Augusta Bier Slingluff

(a) RESIDENCE NO. Home for Incurables ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 4 mos 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	widow

6 If married, widowed or divorced
HUSBAND of
(or) WIFE of Issac Slingluff

DATE OF BIRTH (month, day, and year) Jan 25-1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	9	14	13

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore . md

10 NAME OF FATHER John J. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore . md

12 MAIDEN NAME OF MOTHER Kathryn Bier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore - md

Informant (Address) Hospital Records

Filed 9-1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8. 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1932 to Nov 8th 1932

that I last saw h[illegible] alive on Nov 8th 1932

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral thrombosis with accompanying Cerebral oedema (duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (secondary) Bronchial Asthma (duration) 11 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam

(Signed) W W B Thayo M. D.

11/8. 1932 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mark Church Homewood Co. DATE OF BURIAL Nov 9 1932

20 UNDERTAKER L. H. Tilghman Sons ADDRESS [illegible]

E 84314

84314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 N Broadway St., 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen C Rawleigh

(a) Residence: No. 305 N Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of Levin Rawleigh

6. DATE OF BIRTH (month, day, year) Aug 7 1856

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	76	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Madison Md

13. NAME Thomas Gray

14. BIRTHPLACE (city or town) (State or country) Madison Md

15. MAIDEN NAME Ellen Barkley

16. BIRTHPLACE (city or town) (State or country) Madison Md

17. INFORMANT Elizabeth L Rawleigh
(Address) 305 N Broadway

18. BURIAL, CREMATION, OR REMOVAL.
Place Oak Lawn Date Nov 10 1932

19. UNDERTAKER Wm Cook & Co
(Address) 120 E Saint St

20. FILED ... Nov 8 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 1932 to Nov. 8 1932

I last saw HER alive on Nov. 7 1932 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	11/6/32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R E Campbell M. D.

11/8/32 (Address) 1644 Hanover St

D. B. 1265-9

84315 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84315

CERTIFICATE OF DEATH

161-007

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 10-50 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Bernard Foster

(a) Residence: No. None 307 W. Lorraine Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 8, 1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 20 min.
0	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Albert Bernard Foster

14. BIRTHPLACE (city or town) (State or country) Carleton Md.

15. MAIDEN NAME Nellie Rosier

16. BIRTHPLACE (city or town) (State or country) Carleton Md.

INFORMANT Mother

(Address) 307 W Lorraine Ave-City

BURIAL, CREMATION, OR REMOVAL

Place Forest Balto Co. Date Nov. 9, 1932

UNDERTAKER E. Leroy Stiffler, Jr. Inc.

(Address) 1258 Harlem Ave Washington Boulevard, N.W.

FILED 9-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage?	
Massive Atelectasis	
Other contributory causes of importance: None	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John M. Howe M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

E 84316

84316 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 27-54 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. George T. Johnston.

(a) Residence: No. 2310 Sulgrave Ave. Mt. Washington Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs George T Johnston

7. DATE OF BIRTH (month, day, year) June 14th 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) Oct. 3. 1932

11. Total time (years) spent in this occupation 25 yrs.

BIRTHPLACE (city or town) (State or country) Maryland Baltimore

13. NAME Thomas Johnston

14. BIRTHPLACE (city or town) (State or country) Maryland Baltimore

15. MAIDEN NAME Georgie Cunningham

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mr. Geo. T. Johnston

(Address) 2310 Sulgrave Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 9 1932

UNDERTAKER Wm. J. Black

(Address) 422 N. Broadway

DATE 1932 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1932

22. I HEREBY CERTIFY, That I attended deceased from October 3 1932 to Nov 7 1932

I last saw him alive on Nov 6 1932. Death is said to have occurred on the date stated above, at 5.44 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sclerosis Heart Disease	1917
Mitral Stenosis	Jan 1932
Multiple Infarction	Oct 1932
Auricular Fibrillation	Oct. 1932
Myocardial Failure & C.P.C.	Oct. 1932
Other contributory causes of importance: Terminal Cerebral Embolism (?)	Nov. 7 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Gayer, M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

E 84317

E 84317 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Franklin St., 14-27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Kerr

(a) Residence: No. 1435 Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

If married, ~~widowed, or divorced~~ (HUSBAND of) (WIFE of) Wm. Kerr

6. DATE OF BIRTH (month, day, year) Feby 14 75

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	8	23	

8. Trade, profession, or particular kind of work done, as **spinner, sawyer, bookkeeper, etc.** Housework

9. Industry or business in which work was done, as **silk mill, saw mill, bank, etc.** 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father Wm Evans

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME of Mother Anna Edwards

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Wm Kerr

(Address) 1435 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 10, 1932

19. UNDERTAKER James Astaya

(Address) 142 Hanover St

Nov 9 - 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1932 to Nov 7, 1932

I last saw h[illegible] alive on Nov 7, 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other **contributory causes** of importance:

Name of operation ..... Date of ..... None

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: —

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. E. Hamer M. D.

(Address) 672 Edmondson

D. B. 84318

E 84318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lizzie Heather Coleman

(a) Residence: No. 301 N. Gilmore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10-6-32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Ernest Coleman

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Viola Banks

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Crematorical Surfer Date 19

UNDERTAKER

(Address)

FILED 11-1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-6, 1932 to 11-5, 1932

I last saw him alive on 11-5, 1932 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Pyloric Stenosis — Date of onset .....

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. J. Burt M. D.

(Address) Provident Hospital

D. B. 1268-9

4319

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 84319

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 76-37 Ward)

Length of residence in city or town where death occurred .. yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Hazel Towell

(a) Residence: No. 3830 E Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem	white	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Towell

6. DATE OF BIRTH (month, day, year) July 13 1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
37	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Margt. Wright
(Address) 627 N Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date 11-9 1932

19. UNDERTAKER Bernard E. Hardy
(Address) 1000 Hamilton Ave Huntington W. Va. Williamson, W. Va.

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h— alive on ..... 19.. Death is said to have occurred on the date stated above, at 2.30 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Other contributory causes of importance: Acute Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. F. Herzog M. D. M. D.
Coroner

(Address) 1315 N Patterson Park

M. D. B. 1268-0

84320

E 84320

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 46

CERTIFICATE OF DEATH

Registered No. 12-49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4108 N. Charles St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas A. Myers

(a) Residence: No. 4108 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma McCubbin

6. DATE OF BIRTH (month, day, year) Oct. 5, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Philip B. Myers

MOTHER

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Martha Metcalfe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Emma Myers

(Address) 4108 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Nov. 9, 1932

19. UNDERTAKER John B. Fitzpatrick & Sons

(Address) 1900 Eutaw Place

20. FILED 11-9-1932 Huntington Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from May. 6, 1932 to Nov. 7, 1932.

I last saw him alive on Nov. 7, 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	about 2 yrs. ago

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no.

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Theodore N. Morrison M. D.

(Address) 1013 N. Charles St

Daniel A. Skelly

HEALTH DEPARTMENT—CITY OF BALTIMORE

84321

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 29 Hanover St., 12-49 Ward)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel A. Skelly

(a) Residence: No. 29 Hanover St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lilly N. Titus

DATE OF BIRTH (month, day, year): Dec. 16 1844

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
87	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Gettysburg Pa

13. NAME of Father: Robinson D. Skelly

14. BIRTHPLACE (city or town) (State or country): Shippensburg Pa

15. MAIDEN NAME of Mother: Elizabeth Fennefrock

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

INFORMANT: Mrs. Agnes ... (Address) 311 Hunter St. - Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place Gettysburg Pa Date Nov. 9 1932

UNDERTAKER: A. D. Bender Bro. (Address) Gettysburg Pa

Huntington Williams, Registrar.

FILED 9- 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-9 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1932 to Nov-9 1932

I last saw him alive on Nov-8 1932 Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Uremia Arteriosclerosis, with myocardial degeneration and chronic nephritis	
Other contributory causes of importance: For several years	
Name of operation ..... Date of	
What test confirmed diagnosis? ..... Was there an autopsy?	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Walter Cole, M. D.

(Address) 202 Hanover

c.—2-29-28—L. F. S.—500 Bks.

Harry E Hurley

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84322

E 84322

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Mercy Gen. Hosp. ST. 15-21 WARD)

2—FULL NAME Harry C. Hurley

(a) RESIDENCE NO. 1531 N Longwood ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Harry Hurley

Edna Butler Hurley

ATE OF BIRTH (month, day, and year) May 2, 1902

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	6	

CCUPATION OF DECEASED

a) Trade, profession or articular kind of work None

b) General nature of industry, usiness, or establishment in hich employed (or employer)

c) Name of employer

IRTHPLACE (city or town) Baltimore

State or country)

0 NAME OF FATHER Harry M. Hurley

1 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country)

2 MAIDEN NAME OF MOTHER Margaret Knight.

3 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country)

Informant Hosp. Records.

(Address)

Filed 11-9-1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6, 1932

17

I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1932, to Nov 6, 1932,

that I last saw h[illegible] alive on Nov 6, 1932

and that death occurred, on the date stated above, at 11:20 A.m.

The CAUSE OF DEATH* was as follows:

Ruptured appendix with Peritonitis & fecal intestinal Obstruction

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Pneumonia & pulmonary edema

(duration) yrs. mos. 6 ds. now

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 10/31/32

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E Proctor, M. D.

11/6, 1932 (Address) Md. Gen. Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk. DATE OF BURIAL Nov. 9, 1932

UNDERTAKER Harry H. Mitzel Co. ADDRESS 410 Edmondson

M. D. B. 1268-B

84323 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84323

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 Brighton St. 16-67 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Lucie Newton Rutter

(a) Residence: No. 3227 Brighton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Chas. C. Rutter Dec.

6. DATE OF BIRTH (month, day, year) Aug 11 — 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	2	20 26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm. M. Newton

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lucie R. Lukeland

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Victor D. Martin

(Address) 3227 Brighton St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov 10, 1932

19. UNDERTAKER Josiah Lee

(Address) 1607 N. Howard St

Huntington Wells Co. Inc. Funeral Dir.

FILED 11-8-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1932 to Nov 7, 1932

I last saw her alive on Nov 7, 1932. Death is said to have occurred on the date stated above, at 8-25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis ~~Chronic~~ Acute	Sept 14/32

Other contributory causes of importance:

Carcinoma of stomach	?

Name of operation None Proposed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wells S. Mullett M. D.

(Address) 2220 Garrison Ave

ACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84324

84324

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH U.S. Marine Hospital Baltimore, Maryland

CITY OF BALTIMORE: (No. ..... St. 12-50 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry Wernsing

(a) Residence: No. 312 East 27th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Marie Hanley Wernsing

DATE OF BIRTH (month, day, year) ~~November 7, 1932~~

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	40 Yrs.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 05

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William Wernsing

14. BIRTHPLACE (city or town) Penna
(State or country)

15. MAIDEN NAME Catherine Strickhauser

16. BIRTHPLACE (city or town) Penna
(State or country)

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date Nov 11, 1932

19. UNDERTAKER Kenney Hoch Sons Inc
(Address) 1301 E Eager St Baltimore, Md.

20. FILED ..... Registrar.

NOV 9 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1932, to November 7, 1932

I last saw him alive on November 7, 1932 death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	3 yrs.
Other contributory causes of importance:	
Anuria	1 da.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) K. E. Gamm, M. D.

(Address) U.S. Marine Hospital

D. B. 1268-9

84325

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84325

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1502 W 36th St. St., 13-57 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas F. Ruby

(a) Residence: No. 1502 W 36th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lottie Ruby.

7. DATE OF BIRTH (month, day, year) May 4, 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Henry Ruby.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Olivia Coe.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Lottie Ruby.

(Address) 1502 W 36th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mary Lee Hampstead Date Nov 11, 1932

19. UNDERTAKER Chenoweth Son.

(Address) 3615-17 Chestnut Ave.

NOV 9 - 1932

Huntington Williamsville, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... , 19 .....

I last saw h..... alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

I hereby certify

(Signed) Frank Thomas Grogan, M. D.

(Address) 3932 Roland Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84326

CERTIFICATE OF DEATH

92-001

E 84326

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 E Federal St., 8-16 Ward)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Brunn

(a) Residence: No. 2205 E Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Late Henry Brunn

DATE OF BIRTH (month, day, year) Nov 8 1847

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1857

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City

13. NAME Jacob Reymold

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosina

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT S. Frank Maymke

(Address) 2205 E. Federal St.

BURIAL, CREMATION, OR REMOVAL

Place Parame Date 11/9/32

UNDERTAKER Philip Henry

(Address) 2016 Orleans St

Huntington Williams, Jr. Registrar.

NOV 9 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6/32

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1932, to Nov 6, 1932

last saw h alive on Nov 6, 1932 P.M. Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Myocarditis	
Pulmonary Edema	Nov 1932
Other contributory causes of importance:	
Chronic Endocarditis	6 yrs
Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Alan B Brunn MD

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Alan B Brunn M. D.

(Address) 718 N Fallsway

H. D. B. 1268-9

E 84327

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84327 V

CERTIFICATE OF DEATH

Brooklyn 95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Pontiac Ave St.) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lina Gertrude Mewshaw

(a) Residence: No. 407 Pontiac Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of George A Mewshaw

DATE OF BIRTH (month, day, year) Sept 22 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Peter T. Burch

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs Ida G. M. Gardner
(Address) 407 Pontiac Ave

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 9 1932

UNDERTAKER John F. Denny
(Address) 715 Light St.

Huntington Williams, M.D.
Registrar

OV9 - 1932 5012

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16 1932 to Nov. 6 1932

I last saw her alive on Nov. 6 1932 Death is said to have occurred on the date stated above, at 10.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Guy A. Cromwell M. D.

(Address) 203 Patapsco Ave. Brooklyn

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE E 84328

4328

CERTIFICATE OF DEATH

Registered No. 446

1. PLACE OF DEATH 1219 N. Washington St

CITY OF BALTIMORE: (No. Lottie A. Kirby St., 8-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lottie A. Kirby

(a) Residence: No. 1219 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 22, 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	64	8	15?4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Robert A. Kirby

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Laura Monroe

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Chas L. Wright
(Address) 1219 N. Washington St

BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Nov 9 1932

UNDERTAKER John G. Connelly
(Address) Essex Md.

FILED 1932 Huntington Williams, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1932

I HEREBY CERTIFY, That I attended deceased from Jan —, 1932 to Nov 7, 1932

I last saw her alive on Nov 6, 1932 death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Colitis	Sept 1932
Coma	Nov 5
Other contributory causes of importance:	
probably Carcinoma Colon	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. A. Wright, M. D.

(Address) 910 S. Ellwood Ave.

D. B. 1268-9

84329 HEALTH DEPARTMENT—CITY OF BALTIMORE 84329

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2850 Harford Rd St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George J Desch

(a) Residence: No. 2850 Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M. Desch

DATE OF BIRTH (month, day, year) Nov. 16 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinery Supply

10. Date deceased last worked at this occupation (month and year) Nov. 1930

11. Total time (years) spent in this occupation 2 1/2 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John A. Desch

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Theresa Fischer

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Mrs Margaret Desch

(Address) 2850 Harford Rd

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 11 1932

UNDERTAKER Henry W. Meamerson

(Address) 847 N. Gilmore St.

Filed NOV 1932 Thos. J. Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1932 to Nov. 8 1932

I last saw him alive on Nov. 7 1932 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb. 1927

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Thos. J. Stevens, M. D.

11/8/32 (Address) 2878 Harford Rd

...c.—2-29-28—L. F. S.—500 Bks.

84330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 84330

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2036 E Lanvale ST. 8-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ella M. Schultz

(a) RESIDENCE NO. 2036 E. Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry S. Schultz

6 DATE OF BIRTH (month, day, and year) Jan 12- 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Dressmaker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Charles Hill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER ? Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

Informant Harry E Schultz

(Address) 2435 Brown St Mt Vernon Pl

Filed 9-1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 7- 32

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Nov. 7, 1932

that I last saw her alive nn Nov 7, 1932

and that death occurred, on the date stated above, at 9 am. m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation (Acompen)

(duration) yrs. 5 mos. 7 ds.

CONTRIBUTORY (Secondary) Chron Bronchitis Moderate

(duration) yrs. 5 mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operatinn precede death? no Date of

Was there an autnpsy? no

What test confirmed diagnosis? Unnecessary

(Signed) Thos F. Stevens, M. D.

11-8, 1932 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery

DATE OF BURIAL 11/9/1932

20 UNDERTAKER C. J. Fanning & Son - 1938 E. Lafayette Ave.

ADDRESS

D. H. 1268-9

4331 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 64331

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 W. Franklin St., 20-28 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Barbara M. Newberger

(a) Residence: No. 270 S. Monastery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph L. Newberger

DATE OF BIRTH (month, day, year) May 27 1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Parents Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs Mary Altstadt

(Address) 3414 W. Franklin St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/11 32

UNDERTAKER L. B. Branning

(Address) 1128 Pennsylvania Ave

11-9-1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1932 to Nov 8, 1932

I last saw her alive on Nov 8, 1932 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia & uremia — Date of onset

Other contributory causes of importance: Myocarditis Chronic. nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify...

(Signed) Thomas S. Bowyer, M. D.

(Address) 3632 Frederick Ave.

E 84332

H. D. B. 1268-9

84332 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Donald Schroeter

(a) Residence: No. 1109 N Bradford St St., ... Ward. Balto. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 26, 1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1½	1/2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Joseph Schroeter

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Rena Eden

16. BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT Mr. Joseph Schroeter
(Address) 1109 N Bradford St.

BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date Nov 9, 1932

UNDERTAKER John J. Mahon
(Address) 6000 Eastern Ave Baltimore, Md.

FILED 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1932 to Nov. 8, 1932

I last saw him alive on Nov. 8, 1932 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia - Bilateral — Date of onset Oct 29, 32

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) David Stanford Chapman M. D.

(Address) Sinai Hospital

H. D. B. 1268-9

84333 HEALTH DEPARTMENT—CITY OF BALTIMORE 84333

46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-47 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Dunbrough

(a) Residence: No. 4416 Wrenwood Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Dunbrough

DATE OF BIRTH (month, day, year) March 21 - 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Jones Dunn

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Cassidy

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT hospital records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cem Cathedral Date Nov 10 1932

UNDERTAKER J. J. Moran

(Address) 3000 E Baltimore

FILED ... Registrar. Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/2 1932 to 11/7 1932

I last saw h... alive on 11/7 1932. Death is said to have occurred on the date stated above, at 2:10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	2
Other **contributory causes** of importance:	
Chronic Myocarditis	2

Name of operation Extensive post mortem Date of 11/3/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. L. Gordon, M. D.

(Address) Mercy Hospital

ACo. 5-11 2908

4334 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 84334

CERTIFICATE OF DEATH

82.002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 S. Hanover St. 23-21 Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Oreste Sena.

(a) Residence: No. 934 S. Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carolina Serra

7. DATE OF BIRTH (month, day, year) March 7, 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 076

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Andrew Serra

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Vacca

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Wife

(Address)

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 10, 1932

UNDERTAKER Frank V. Pepitone

(Address) 241 S. Bond St.

FILED Nov 10, 1932 Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-2-32, 19..., to 11-8-32, 19...

I last saw h... alive on 11-8, 19 32 death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis.	11-2-32
Other contributory causes of importance:	
Bronchopneumonia (Terminal)	11-6-32

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lawrence H. Sena, M. D.

(Address) 1009 Annapolis Blvd.

ACo. 5-31 250R

84335 Wright E 84335

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 2017 Madison Ave St. 14-20 Ward)

ength of residence in city or town where death occurred 29 yrs. mos ds. How long in U.S. if of foreign birth? yrs mos ds.

2. FULL NAME George Wright

(a) Residence: No. 2017 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Wright

DATE OF BIRTH (month, day, year) January 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Yard
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Jennie Wright
(Address) 2017 Madison Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 11/7/32

UNDERTAKER Mrs. Ida B. Snowden
(Address) 129 N. Carlton St

FILED 1932 Huntington Ave. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/2 1932, to 11/5 1932

I last saw h[illegible] alive on 11/3 1932 death is said to have occurred on the date stated above, at 11:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Burt Kelly, M. D.

(Address) 23 E. Pratt

D. R. 1268-0

84336 E 84336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. .....

2. FULL NAME Annie Lightfoot

(a) Residence: No. 1214 N. Bond St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of unknown.

DATE OF BIRTH (month, day, year) Jan 7, 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	46	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Crewe Va.

13. NAME Susanna Fitzgerald

14. BIRTHPLACE (city or town) (State or country) Crewe Va.

15. MAIDEN NAME Matilda Jennings

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Patient

(Address) .....

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 11/9/32

UNDERTAKER Mrs. Ida B. Snowden

(Address) 1127 N. Caroline St.

FILED 1932 Huntington Wilkins

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/13 1932 to 11/7 1932

I last saw her alive on 11/2 1932. Death is said to have occurred on the date stated above, at 4-45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cecum	1 yr.
Other contributory causes of importance:	
Bronchopneumonia	2 days

Name of operation none Date of .....

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. Bruce Gallagher M. D.

(Address) Balto. City Hospitals

-30—M. & T.—100 B—50L

Wohnke

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84337

84337

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1809 W. Lexington ST. 14-29 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emma R. Wohnke

(a) RESIDENCE NO. 1307 Hollins ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Frank J. Wohnke

7 DATE OF BIRTH (month, day, and year) June 8th 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	5	21	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Theodore Richards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Pamfred O'Neill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Florence Lesser

(Address) Toledo O.

Filed 9 1932 Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No What test confirmed diagnosis? Physical Signs + Symptoms

(Signed) Guy N. Cromwell M.D. Coroner

11/9 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL Nov 10 1932

20 UNDERTAKER George A Farley

ADDRESS Fulton & Fayette

H. D. B. 1268-9

84338 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84338

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3027 Rosalind Ave 27-56 131 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 12 ds. How long in U. S. If of foreign birth 73 yrs 8 mos 12 ds.

2. FULL NAME Mary Ella Myers

(a) Residence: No. 3027 Rosalind Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, year) Feby-27-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	11 12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

BIRTHPLACE (city or town) (State or country) Bato. Md.

13. NAME Andrew Jaynes

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Griffith

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Harry White (niece)

(Address) 3027 Rosalind Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Mount Date Nov-10 1932

UNDERTAKER E Lewandowski & Co

(Address) Baltimore

FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1931, to Nov 7, 1932

I last saw h[illegible] alive on Nov 7, 1932. Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

Nephritis Interstitial — Date of onset 1931

Other contributory causes of importance:

Cardiac Decompensation — Date of onset June 1932

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or Injury in any way related to occupation of deceased?

.....If so, specify.....)

(Signed) J. Clinton Price, M. D.

(Address) 4 Eutaw Pl

D. B. 1268-9

E 84339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 84339

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 69 (Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Hall

(a) Residence: No. 1643 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Hall

DATE OF BIRTH (month, day, year) 10/1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Bob Hall

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ida Johnson

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Old Point comfort Va Date nov 11 1932

UNDERTAKER Edw Bryan
(Address) 1631 Orleans st

ID - 1939 Washington Hillman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1932 to Nov 9, 1932

I last saw h[illegible] alive on Nov 9, 1932 Death is said to have occurred on the date stated above, at 7:36 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] (1) Endocarditis, bacterial subacute	Sept. 1932
(2) Nephritis, acute glomerular	Oct 1932
(See other side of slip)	
Other contributory causes of importance: chronic endo- carditis - rheumatic	? 1919

Name of operation None Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Caroline C. Bedell, M. D.

(over) (Address) Johns Hopkins Hospital

D. B. 1268-9

84340 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84340

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1024 Edmondson St., 16-26 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Jane Brady Cromwell

(a) Residence: No. 1024 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: John Cromwell

DATE OF BIRTH (month, day, year): Jan. 6, 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Mathew Brady

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary Ann Stafford

16. BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT: Frank Brady

(Address) 2912 East St

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Nov 10, 1932

UNDERTAKER: H. Thos Watkins

(Address) North & Eden Ave.

FILED: Nov 10 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932 to Nov 8, 1932

I last saw h[illegible] alive on Nov 8, 1932. Death is said to have occurred on the date stated above, at 10.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	
a yrs	

Other contributory causes of importance: X

Name of operation X Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19X

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

X If so, specify

(Signed) W. Ben Williams M. D.

(Address) 3206 Liberty Ave

-30—M. & T.—100 B—50L

84341

E 34341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. Fremont Ave. ST. 21-31 WARD

2-FULL NAME Hilda D. Turner (C)

(a) RESIDENCE NO 811 S. Fremont Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. 2 mos. 4 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 1, 1911

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	2	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bottle snapper.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

PARENTS

10 NAME OF FATHER George Turner (C)

11 BIRTHPLACE OF FATHER (city or town)
(State or country) North Carolina.

12 MAIDEN NAME OF MOTHER Verdella Brown. (C)

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Baltimore, Md.

14 Informant Verdella Turner (C) mother
(Address) 904 Russell St.

15 Filed 9-1932. 193 Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Occidental Illuminating Gas Asphyxia.

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto M. Steinhardt, M. D.
Coroner

11/9/32, 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Nov 10, 19 32

UNDERTAKER Bernard P. Hensley

ADDRESS 1303 Pressman

D. B. 1268-9

E 84342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Balto Md St., 16-22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Newman

(a) Residence: No. 1123 N. Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Evelyne

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Address) Records Baltimore City Hospitals

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 11-9- 1932

UNDERTAKER Daniel Easton & Son

(Address) 911 Eutaw Place

FILED 9- 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7- 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-11- 1929 to 11-7- 1932

I last saw him alive on 11-7- 1932 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: General Paralysis	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry Gedmark M.D.

(Address) Baltimore City Hospitals

D. B. 1268-9

(Canal ak.)

HEALTH DEPARTMENT—CITY OF BALTIMORE

84343 E 84343

CERTIFICATE OF DEATH

Registered No. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Pennsylvania Ave) (Ward) 49-24

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Addie Jackson

(a) Residence: No. 700 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	Married

6. If married, widowed, or divorced: WIFE of (or) HUSBAND of Benjamin Jackson

7. DATE OF BIRTH (month, day, year) 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Geo. Jackson

(Address) 700 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 9, 1932

19. UNDERTAKER Dept. Public Health

(Address) Huntington Williams, N.P.

FILED 9-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9/32

22. I HEREBY CERTIFY, That I attended deceased from 10/19/04 to 11/9/32

I last saw h alive on 11/7/32 and that death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	11/9/31
Other contributory causes of importance:	

Name of operation Cancer Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Hall M. D.

(Address) 824 Madison Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84344 E 84344

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square Hospital St., 20-2 Ward)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christine Smith (Christine Smith)

(a) Residence: No. General German Aged (Usual place of abode) Lombard Home - Baltimore Co. St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 29, 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Joseph Berger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Schulz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Dec 19 1932

19. UNDERTAKER Carl H. Cook
(Address) 1203 W. Baltimore St.

FILED DEC 19 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1932, to 11-8, 1932
I last saw h. alive on 11-8, 1932. Death is said to have occurred on the date stated above, at 2.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senescence & nurse	[illegible] 1926

Other contributory causes of importance:

General Arteriosclerosis	June 32
Chronic cystitis	?

Surgical procedure
Name of operation Suprapubic Prostatectomy Date of 9-30-32
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) D. B. Grove M. D.
(Address) Franklin Square Hospital

M. D. B. 1268-9

84345

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84345

CERTIFICATE OF DEATH

27-4393-023

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5504 Elsrode Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaretta Batz.

(a) Residence: No. 5504 Elsrode Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced (HUSBAND OF) (or) WIFE of George Batz

6. DATE OF BIRTH (month, day, year) Dec. 5 1859.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	72	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Henry Dellerman.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Kunigunde ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Albert Ehsel (son-in-law)
(Address) 5504 Elsrode Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 10 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe Ste.

20. FILED Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1932 to Nov 6 1932

I last saw h[illegible] alive on Nov 6 1932 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac decomp
Prostatic (Surgical)

Date of onset

Other contributory causes of importance:

Surgical

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas Lemmon M. D.

(Address) 47 Bowman Rd

D. B. 1268-9

84346 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84346

CERTIFICATE OF DEATH

Registered No. 160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 10-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Boy BRYANT

(a) Residence: No. Johns Hopkins Hospital St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/4/32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		one	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country)

13. NAME Rosa C. Bryant Fairfield St. Md

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Rosa C. Bryant Fairfield St. Md

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Date Nov 7 19 32

UNDERTAKER
(Address) Huntington Williams Inc

FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/4, 1932, to 11/5, 1932

I last saw h~~im~~ alive on 11/5, 1932 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	11/4/32
Other contributory causes of importance: Birth Injury	11/4/32

Name of operation Mid. forceps delivery Date of 11/4/32

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

no If so, specify ...

(Signed) Ralph D. Dorsey, M. D.

(Address) Johns Hopkins Hospital.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84347

CERTIFICATE OF DEATH

E 84347

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1918 (St.) Curtis Ave (Ward) 25-77

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Potts

(a) Residence: No. 1918 Curtis Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George W. Potts

DATE OF BIRTH (month, day, year): Dec. 26-1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 63	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME of father: John Schramm

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of mother: Julia Petersen

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: George W. Potts

(Address): 1918 Curtis Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Nov. 10 32

19. UNDERTAKER: Maurice J. Flynn

(Address): 1422 E. Baltimore St.

20. Filed 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/20 1932 to Nov 6th 1932

I last saw her alive on Nov 5 1932. Death is said to have occurred on the date stated above, at 1130 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Hemorrhage	
b	

Other contributory causes of importance:

Subacute Nephritis

Name of operation None Date of ...

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19...

Where did injury occur? X X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury X X

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) 1340 E. Chase St.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84348 E 84348

CERTIFICATE OF DEATH

X 10

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyden Ham Hospital St., 9-45 (Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U.S. If of foreign birth?..... yrs. .....mos. .....ds.

2. FULL NAME Walter Tunnell

(a) Residence: No..... Hyde, Md. St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 27, 1924

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	7	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hyde, Md.

13. NAME OF FATHER James Tunnell

14. BIRTHPLACE (city or town) (State or country) Raleigh, Va.

15. MAIDEN NAME OF MOTHER Ella Fusion

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Co. Va.

17. INFORMANT James Tunnell
(Address) Hyde, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Ivy Hill Date Nov. 10 1932

19. UNDERTAKER Thomas Rogers Sons
(Address) Elkton, Md.

20. FILED Nov 10 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1932, to Nov 9, 1932

I last saw him alive on Nov 9, 1932 death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Faucial and Laryngeal Diphtheria	11/4/32
Other contributory causes of importance:	
Toxic Myocarditis	11/6/32

Name of operation None Date of
What test confirmed diagnosis? Throat Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Vete Alexander M. D.
(Address) Lydenham Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E 84349

84349

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris Carter

(a) Residence: No. 1014 2 St. ..... St., ... Ward. Sparrows Point, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4/23/31

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Montague Carter

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Viola Farmer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Nov 10, 1932

19. UNDERTAKER Samuel P. Chase & Son

(Address) 2-30 Gilmor St

20. FILED 9-1932 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1932 to Nov 7, 1932

I last saw her alive on Nov 7, 1932 Death is said to have occurred on the date stated above, at 2:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Kidney tumor (Sarcoma)	
Bronchopneumonia	1932

Other contributory causes of importance:

Name of operation Removal of Tumor Date of Nov 7

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edw F Bolan M. D.

(Address) .....

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84350

E 84350

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1742 Lancaster St. St., 2-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peter Hines

(a) Residence: No. 1742 Lancaster St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M. Hines

7. DATE OF BIRTH (month, day, year) Oct. 5, 1852

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Used Furniture

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Adam Hines

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Frederick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John Hines 1742 Lancaster St.

18. BURIAL, CREMATION, OR REMOVAL Place Schwartz, S Date Nov. 10, 32 19

19. UNDERTAKER (Address) Mrs. E. Moller & Son 2334 Jefferson St.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/5/32, 19.., to 11/7, 19.., 1932. I last saw him alive on 11/7, 1932. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cystitis Pyelonephritis Aortic Calcification & Heart Failure	11/3/32
Other contributory causes of importance: Hypostatic Pneumonia	11/5/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Hugh D. Muller, M. D.

(Address) 3623 E Baltimore

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84351

CERTIFICATE OF DEATH

108 E 84351

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 Newington Ave St., 43 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Captain Isidor Becker

(a) Residence: No. 804 Newington Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widow

6. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of ~~(or WIFE of)~~ Kate C. Becker

DATE OF BIRTH (month, day, year) June 16 1843

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Abe Becker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Becker

(Address) 731 Bolton St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Date Nov 10. 1932

19. UNDERTAKER Henry M. Jenkins Sons & McCollough

(Address) Eutaw & Mt. Royal Ave

20. FILED 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1932 to Nov. 8 1932

I last saw h~~im~~ alive on Nov. 8 1932 Death is said to have occurred on the date stated above, at 11:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov. 5.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Phy. exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify None

(Signed) Frank N. Ogden M. D.

(Address) 27 N. Calvert St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84352

E 84352

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 14-20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jas Reubottom

(a) Residence: No. Harriottsville Md. St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 15 1926

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	5	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harriottsville Md

13. NAME: Hunter Reubottom

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Smith

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Hunter Reubottom

(Address): Harriottsville Md

BURIAL, CREMATION, OR REMOVAL: Place Md Liberty yard Date 12-11 1932

UNDERTAKER: R. E. Hainsworth & Co

(Address): Elkton Md

Filed 12-11 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 9 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said I last saw h... alive on ... 19... to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows: Erysipelas

Date of onset: two days

Other contributory causes of importance:

Name of operation: Regular Date of ...

What test confirmed diagnosis: ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner ... M. D.

(Address)

H. D. B. 1268-9

E 84353

84353 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1107 Winchester St. Ward) 16-23

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Simmons

(a) Residence: No. 1107 Winchester St. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Simmons

7. DATE OF BIRTH month, day, year) 1890

8. AGE — Years 42 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ga.

13. NAME Geo. Simmons

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Priscilla

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Lena Simmons
(Address) 1107 Winchester

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemetery Date 11/16/32 1932

19. UNDERTAKER Gerald A. Daddy
(Address) 1425 McCulloh St.

Filed NOV 16 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Injury

last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis Failure	
Sudden	
Contusion of head and face. fell down stairs.	

Other contributory causes of importance:

Name of operation ... Date of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. O. Leuch Coroner, M. D.

(Address)

H. D. B. 1268-9

E 84354 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E84354

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10-14 Ward)

Length of residence in city or town where death occurred 55 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Mc Closkey

(a) Residence: No. 1231 N. Valley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Mc Closkey

DATE OF BIRTH (month, day, year) June 3, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed for 6 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Mc Closkey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Annie Gurley

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov 12 1932

19. UNDERTAKER Henry Lutz

(Address) 1220 W. Baltimore St.

Nov 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1932, to Nov 8, 1932

I last saw h[illegible] alive on Nov 8 1932. Death is said to have occurred on the date stated above, at 5 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disseminated Cardio Vascular Disease	?
Cerebral Hemorrhage	

Other contributory causes of importance:

Bronchopneumonia	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Burns, M. D.

(Address) Mercy Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84355

E 84355

CERTIFICATE OF DEATH

Registered No. 94001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15-2d Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph L. Robinson

(a) Residence: No. 1536 E. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced. HUSBAND of (or) WIFE of Minnie Robinson

DATE OF BIRTH (month, day, year) July 4-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins. Co.

10. Date deceased last worked at this occupation (month and year) Nov 1932

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Chester Co. Pa.

13. NAME Jos. W. Robinson

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Elizabeth A. Douglas

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Miss Edna Robinson

(Address) 1536 E. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 11 1932

19. UNDERTAKER Harry W. Ehlen & Wm. Ehlen Sons

(Address) 844 N. Eutaw St. Mt. Washington

FILED NOV 10 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Angina Pectoris M. D.

Coroner

(Address) 1737 Eutaw Ave

D. H. 1268-A

84356

HEALTH DEPARTMENT—CITY OF BALTIMORE

84356

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb. T-21 St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Bailey

(a) Residence: No. 1831 Kavanaugh st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 24, 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Dublin Georgia

13. NAME Robert Bailey

14. BIRTHPLACE (city or town) (State or country) Dublin Georgia

15. MAIDEN NAME Charity Harris

16. BIRTHPLACE (city or town) (State or country) Dublin Georgia

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL. Date 11/11/32

Place Mt. Olivet

19. UNDERTAKER Wm. H. Eppel & Son

(Address) 16 W. Baltimore St.

NOV 10 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1932 to November 8, 1932

I last saw her alive on November 8, 1932 Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Kenneth A. Steen M. D.

(Address) Baltimore City Hospitals

H. D. B. 1268-9

4357

HEALTH DEPARTMENT—CITY OF BALTIMORE E 84357

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Penna Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm H. Russell

(a) Residence: No. 1612 Penna Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Wh | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year): Nov 27-1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Henry Russell

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Lena Waterman

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT: Mrs Collier

(Address): 3011 Garrison Blvd

BURIAL, CREMATION, OR REMOVAL.

Place: London Park Date: Nov 11, 1932

UNDERTAKER: Geo W Little & Son

(Address): 2700 Edmondson Ave Huntington Hillsville, Md

Registrar.

NOV 10 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..... to ..., 19.....

I last saw h... alive on ... and death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) .....

84358 B—501.

84358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH City Hospital (WARD) 27-41

TY OF BALTIMORE: (NO.) 3820 Ridgecroft Rd ST.

2-FULL NAME John W. Bishop

(a) RESIDENCE NO 3820 Ridgecroft Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

f married, widowed, or divorced HUSBAND of (or) WIFE of Katherine T. Bishop

ATE OF BIRTH (month, day, and year) Oct 18-1876

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	1	20	

CCUPATION OF DECEASED (a) Trade, profession or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer U.S. Baltimore Md

IRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Alondia B. Bishop

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Amelia O. Forney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

nformant Mr. W. Frank Bishop

(Address) 3820 Ridgecroft Rd.

Filed 10 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to h.s death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. 7 mos 7 ds.

CONTRIBUTORY (Secondary) Abscess of Lung (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 7444 N Gay

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Hist & Autopsy

(Signed) C.P. Nelson M.D. M. D.

Coroner

. 19 (Address) 1305 N Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Nov. 10, 1932

ADDRESS 1217 St Paul St

20 UNDERTAKER Wilson Cook

84359 E 84359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Hull St. 24-25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Lee Gentlitz

(a) Residence: No. 1226 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lambert Gentlitz

6. DATE OF BIRTH (month, day, year) Apl. 8, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME John A. Kirn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Emma E. Hagen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Lambert Gentlitz
(Address) 1226 Hull St

18. BURIAL, CREMATION, OR REMOVAL. Mt. Carmel Date 11/11 1932

19. UNDERTAKER Wm. Cook & Son
(Address) 1217 E. Pratt St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932 to Nov. 8 1932

I last saw h[illegible] alive on Nov. 7, 1932 Death is said to have occurred on the date stated above, at 12½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonalis	about Sept. 1932

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. J. Marr M. D.

(Address) 116 Eutaw St

M. D. B. 1268-9

E 84360 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84360

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5235 Reisterstown Rd. St. 27 Ward)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Esther L. Jones

(a) Residence: No. 5235 Reisterstown Rd St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Jones

6. DATE OF BIRTH (month, day, year) April 5 1872

7. AGE: 60 Years | 7 Months | 5 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Carroll County (State or country) Md.

FATHER
13. NAME Louis Bentzon
14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER
15. MAIDEN NAME Elizabeth M. Schellenberger
16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Howard L. Jones
(Address) 5235 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL Place Loans Cemetery Date 11/10/ 19 32

19. UNDERTAKER W. M. Carter
(Address) Reisterstown Md.

20. FILED 10 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7/ 19 32

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 19 32 to Nov 7 19 32
I last saw her alive on Nov 3 19 32 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Ischaemia	
Angina Pectoris	
Other contributory causes of importance: Worry (over loss of son Father in law Died for past few weeks	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. J. Tolnick M. D.
(Address) 4711 Liberty Heights Ave

84361 ✓ E 84361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3900 Clifton Ave. St., 15-66 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Barbara A. Beans

(a) Residence: No. 3900 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry R. Beans

6. DATE OF BIRTH (month, day, year) Nov. 10, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Peter Buchheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hanna Butts

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. L. I. Beans
(Address) 3900 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Nov. 10, 1932

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1300 Eutaw Place

Huntington Williams, M.D.
Registrar.

107932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 32, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1932, to Nov. 7, 1932

I last saw her alive on Nov. 7, 1932 Death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930 ca
Chronic interstitial nephritis	1931
Other contributory causes of importance:	
Myocarditis	6 Oct 32
	1932

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. A. Mayer, M. D.

(Address) 2411 Eutaw Place

H. D. B. 1268-9

84362 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53E 84362

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 419 N Lakewood ave St., 6-10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Lentz

(a) Residence: No. 419 N Lakewood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles E Lentz

DATE OF BIRTH (month, day, year) Nov. 5 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) " " "

15. MAIDEN NAME " " "

16. BIRTHPLACE (city or town) (State or country) " " "

17. INFORMANT Charles E Lentz
(Address) 419 N Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath Date Nov 12 1932

19. UNDERTAKER J. J. Adler
Address 1850 W Fayette St

20. FILED Nov 12 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1932 to Nov 8 1932

I last saw h... alive on Nov 8 1932. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis & Chronic Bladder	April 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) William Ryan M. D.

(Address) 801 N Lakewood ave

6L01 KON

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ M

E 84363

84363

CERTIFICATE OF DEATH

33 910-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hospital St. ... Ward) Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane Scott

(a) Residence: No. Marsh Hill, Annapolis Blvd Anne Arundel 6. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Scott

DATE OF BIRTH (month, day, year) 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River, Md

13. NAME Joseph Davis

14. BIRTHPLACE (city or town) (State or country) West River Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Wm H Davis (Brother)
(Address) Marsh Hill, Anne. Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ch Date 11/10/32, 19

19. UNDERTAKER Isaac L. Bryant Son
(Address) 28 W Montgomery St

Washington Williams, N.P. NOV 10 1932
(Signature) Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 ... to ... 19 ...

I last saw h... alive on Nov. 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Bronchio Pneumonia	

Other contributory causes of importance:

Struck by automobile	

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/1, 1932

Where did injury occur? Annapolis Blvd. Marsh Hill
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street, accident

Manner of injury Struck by auto while

Nature of injury walking on Annapolis Rd

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Yokum M. D.
Coroner

(Address) 2202 E Madison St

H. D. B. 1268-9

84364 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84364

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 1514 Dimmon St. Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William Simms

(a) Residence: No. 1720 Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 1891

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret Simms
(Address) 1827 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Nov 10 1932

19. UNDERTAKER George T. A. Gilyn
(Address) 1736 Druid Hill Ave

NOV 10 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1932 to 11-9-32 19.....

I last saw him alive on 11-9 1932 Death is said to have occurred on the date stated above, at 1.27 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) B. F. Harris M. D.

(Address) Provident Hospital

Spec.—6-9-19—H. P. Co.—1000 Bks.

E 84365

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84365

CERTIFICATE OF DEATH.

82-002

REGISTERED NO. 27-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: NO. 5405 Falls Road WARD 27

2-FULL NAME Ella Rose Haynie

a) RESIDENCE NO. 5405 Falls Road WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ WIFE of J. Frank Haynie

6 DATE OF BIRTH (month, day, and year) Dec. 10, 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER Staylor

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Sally McCleary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mrs. Dorothy Chrenschall (Address) 5405 Falls Road

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9th 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1932 to Nov. 9th 1932 that I last saw her alive on November 9, 1932 and that death occurred, on the date stated above, at 10.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) — yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Gustave C. Dohme M. D.

11/10/ 1932 (Address) 3014 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov 11 1932

20 UNDERTAKER Stafford Bros Inc

ADDRESS 1424 Broadway

01 NOV 10 Huntington Williams, M.D.

1-30—M. & T.—100 B—50L

E 84366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84366

46

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 W. Henrietta St. ST. 23-31 WARD)

2-FULL NAME Flossie Holmes. (C)

(a) RESIDENCE NO 227 W. Henrietta St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---------- How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work.
(b) General nature of industry, business, or establishment in which employed (or employer) 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Minnie Hockaday. (C) niece.

(Address) 15th St. West Point. Va.

15 Filed VTO 1932 Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 5, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No,

What test confirmed diagnosis? Inquiry

(Signed) Otto Leonhardt, M. D. Coroner

11/10/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL 11/10 1932

20 UNDERTAKER Walter B. Spriggs

ADDRESS 139 W. Hanby St.

I. D. B. 1268-9

4367

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84367.

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 Millington Ave Ward 20-64)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Jentsch

(a) Residence: No. 503 Millington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Jentsch

DATE OF BIRTH (month, day, year) Sept 11-1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 085

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Dora Kuon

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora Kuon

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Ann Smith

(Address) 503 Millington Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Nov 12, 1932

UNDERTAKER John Ulrich

(Address) 2008 Pleasant

FILED Nov 10 1932 Hunter Stuart Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Nov 8, 1932

I last saw h alive on Nov 8, 1932 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Other contributory causes of importance: Cerebral Hemorrhage	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Glassman M. D.

(Address) 2687 Mosher Ave

H. D. B. 1268-9

4368 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84368

CERTIFICATE OF DEATH

131V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 N Luzerne Ave 6-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Wanner

(a) Residence: No. 243 N Luzerne Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Wanner

DATE OF BIRTH (month, day, year) Dec 30 - 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	10 11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John A Courtney

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Johannah Hatton

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Arthur Wanner

(Address) 243 N Luzerne Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Nov 11 1932

UNDERTAKER John Ellicott

(Address) 2008 Auburn

FILED Nov 10 1932 Registrar for Wilbur, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to Nov 8 1932

I last saw her alive on Nov 8, 1932 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Right Sinus	

Other contributory causes of importance:

Coma

Name of operation ..... Date of .....

What test confirmed diagnosis? Urine Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alf L Bagg, M. D.

(Address) 709 N Broadway

H. D. R. 1268-9

4369 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 84369

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5211 Eugene Ave St. 27-11 Ward)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fritz Reutter,

(a) Residence: No. 5211 Eugene Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Reutter

DATE OF BIRTH (month, day, year) Nov 8 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	73	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfgr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 4 yrs

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Wilhelm Reutter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna M Reutter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John H Reutter

(Address) 5211 Eugene ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 11, 193

19. UNDERTAKER John Elliot

(Address) 210 E Eutaw

20. FILED NOV 10 1932 Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1932 to Nov 8, 1932

I last saw him alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial disease	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? C S & J Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John J Kraft M. D.

(Address) 2627 Eastern Ave

M. D. B. 1268-9

84370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84370

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1035 N. Fulton Ave. Ward)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret T. Jennie Ittermoelle

(a) Residence: No. 1035 N. Fulton Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Ittermoelle

7. DATE OF BIRTH (month, day, year) Feb. 14. 1855

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	8	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

13. NAME Richard H. Fisher

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Osbourne

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. W. Ittermoelle

(Address) 1035 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov 11. 1932

19. UNDERTAKER Otis Nicholas & Sons

(Address) North Ave.

20. FILED 6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1932 to Nov 9 1932

I last saw her alive on Nov 9 1932. Death is said to have occurred on the date stated above, at 5.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid flexure	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm S Love M. D.

(Address) 2211 Eutaw Place

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

4371

CERTIFICATE OF DEATH

93-003 E 84371

Registered No. 15 62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3904 Callaway Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob C Johnson

(a) Residence: No. 3904 Callaway Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate Blaylor Johnson

DATE OF BIRTH (month, day, year) Sept 22, 1838

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Singer Sew. Mach Co.

10. Date deceased last worked at this occupation (month and year) 12

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newark N.J.

13. NAME Isaac Freeman Johnson

14. BIRTHPLACE (city or town) (State or country) Newark N.J.

15. MAIDEN NAME Ann Maria Green

16. BIRTHPLACE (city or town) (State or country) Troy N.Y.

17. INFORMANT Mr. Jay C. Johnson

(Address) 3904 Callaway Ave

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date Nov 11, 1932

19. UNDERTAKER Wm Tucker Sons

(Address) Main St. Haddonfield, N.J.

Washington Portland, N.J.

Filed Nov 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932, to Nov 9, 1932

I last saw him alive on Nov 8, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cardiac dilatation	Nov 7 -

Other contributory causes of importance:

My Cardiac degeneration Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry D. McCarty, M. D.

(Address) 37 W. Preston St.

M. D. B. 1268-9

84372

HEALTH DEPARTMENT—CITY OF BALTIMORE

M
E 84372

CERTIFICATE OF DEATH

210-901

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Thomas Reed

(a) Residence: No. 2008 Clifwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruth A Reed

DATE OF BIRTH (month, day, year) Oct 24, 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	0	16	15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg. Asso.

10. Date deceased last worked at this occupation (month and year) 08

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME John F. Reed

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Frances Parker

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Ruth A Reed

(Address) 2008 Clifwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Nov 11, 1932

19. UNDERTAKER J. Fred Tyson & Son

(Address) ~~Huntington Williams, Md~~ Reisterstown Md

FILED 0 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19 , to inquiry, 19 . Death is said I last saw h alive on inquiry, 19 to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured base of skull
Hypostatic Pneumonia

Date of onset

Other contributory causes of importance:

Struck by automobile

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy: No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 11/6, 1932

Where did injury occur? Northern Ave & Loch Raven
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident.

Manner of injury struck by auto while

Nature of injury standing on street.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Tokony Coroner, M. D.

(Address) 2202 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84373

CERTIFICATE OF DEATH

159 V E 84373

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Crews

(a) Residence: No. 314 D. St. Sparrows Point Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 11-5-32

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Mercy Hosp.
(State or country) Baltimore Md.

13. NAME R. E. Crews

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Dora North

16. BIRTHPLACE (city or town) Wales
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cemetery Md Date Nov 10 19 32

19. UNDERTAKER
(Address)

11-10-1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-5-32 , 19... to 11-6-32 , 19...

I last saw her alive on 11-6-32 , 19... Death is said to have occurred on the date stated above, at 1:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Francis N. Taylor , M. D.

(Address) Mercy Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84374

131 E 84374

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 302 Mosher St. (Ward) 14-20

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael A Madden

(a) Residence: No. 302 Mosher St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Madden

DATE OF BIRTH (month, day, year) Nov 30, 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	1	11	9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Patrick Madden

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Barry

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Katherine McBee

(Address) 302 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 12, 1932

19. UNDERTAKER John A. Myers

(Address) 3002 Beford Huntington, W. Va.

D 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1932, to Nov 9, 1932

Last saw h.e. alive on Nov 8, 1932. Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	6/31/32
Other contributory causes of importance:	
Chr Myocarditis	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? Chem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify ..... M. D.

(Signed) Chas. J. Chantler

(Address) 3013 St Paul St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84375

CERTIFICATE OF DEATH

E 84375

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 W. North ave St. 15-67 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry A. LeCron

(a) Residence: No. 3314 W. North ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Martin LeCron

6. DATE OF BIRTH (month, day, year) Nov. 15, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waynesboro Pa.

13. NAME Simon LeCron

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Ann Middlekauf

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Henry A. LeCron

(Address) 3314 W. North ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Nov. 10, 1932

19. UNDERTAKER Margaret J. Flynn

(Address) 1422 Light St.

Nov. 10, 1932 B. & N. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1932 to Nov 8, 1932

I last saw h alive on Nov 8, 1932. Death is said to have occurred on the date stated above, at 7:30 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (parenchymatous) duration about 3 months	
Myocarditis duration since Oct 18, 1932	
Other contributory causes of importance:	
Nephritis (parenchymatous) 3 months	

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hallie Dublin M. D.

(Address) 2220 Garrison blvd

01932

M. D. R. 1268-9

84376 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84376

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Corner Fayette & Calhoun St. 19-28 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha E Sloan

(a) Residence: No. 54 South Fulton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Sloan

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER'S MAIDEN NAME

13. NAME Martha Sloan

14. BIRTHPLACE (city or town) (State or country) Balto. Co

15. MAIDEN NAME Chaney.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Estella Helm

(Address) 175 Lemmon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 11-11, 1932

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

1932 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1932, to Nov 9, 1932

I last saw her alive on Nov 9, 1932. Death is said to have occurred on the date stated above, at 12 00 A m

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	

Other **contributory causes** of importance:

Name of operation Colostomy & Resection of Intestine Date of 11/5/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eldred Roberts, M. D.

(Address) Franklin Square Hospital Balto. Md.

H. D. B. 1268-9

84377

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84377

CERTIFICATE OF DEATH

43-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 E Bond St., 3-4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Yust

(a) Residence: No. 822 E Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nellie Yust

7. DATE OF BIRTH (month, day, year) 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Peter Yust

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Antonia Ostrowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Andrew Yust
(Address) 822 E. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Nov 12. 1932

19. UNDERTAKER M. Wojciechowski
(Address) 1930 E. Eastern Ave

Filed ..... 19..... Registrar.

01932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Excessive Smoking	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner ..... M. D.
(Address) .....

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84378

CERTIFICATE OF DEATH

E 84378

Registered No. 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St., E. Ward) 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clement Bronzert

(a) Residence: No. 901 N. New Park St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 8-1918

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Elex. Bronzert.

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Elizabeth Knac.

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Elex Bronzert
(Address) 901 N New Park

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary, Date Nov 11, 1932

19. UNDERTAKER W. A. Bzenski
(Address) 1939 Eastern Ave

20. D 14022, 19... R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from morning, 19... to ..., 19...
I last saw h... alive on morning, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Fractured base of skull	
Ruptured liver & spleen	
Other contributory causes of importance:	
Struck by automobile	

Name of operation Laparotomy Date of 11/7/32

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury 11/7, 1932
Where did injury occur? Kresson St nr Monument
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury struck by auto while
Nature of injury riding bicycle

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Joseph Pokorny Coroner, M. D.
(Address) 2200 E Monument St

M. D. B. 1268-9

84379 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84379

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1152 E. North Ave 13 St., 54 Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine A. Delaney

(a) Residence: No. 1152 E. North Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Joseph E. Delaney

6. DATE OF BIRTH (month, day, year) Apr 29th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME David H. Hubbard

14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME Mary Shaughnessy

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Hanna D. Morris

(Address) 1152 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 11/12/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

21. Filed 11/12/ 1932 Hunter Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932, to Nov 9, 1932

I last saw he alive on Nov 9, 1932 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
& Bronchial Pneumonia	Nov 7th

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry [illegible] M. D.

(Address) 1102 E. Fayette Ave

1932

P. P. A.

Spec.—2-29-28—L. F. S.—500 Bks.

E 84380 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 84380

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23 W. North Ave ST., 12-10 WARD)

2—FULL NAME LULU Robison

(a) RESIDENCE NO. 23 W North Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Robert B. Robison

DATE OF BIRTH (month, day, and year) Jan 3rd 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer X Harrisonburg Va

BIRTHPLACE (city or town) (State or country)

10 NAME OF FATHER ? Effinger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown (State or country)

Informant Donald E. Hancock

(Address) 93 Northeast Huntington Williams, W.Va.

01932 . 19 . R. F. L. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9th 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1932, to Nov 9th, 1932,

that I last saw her alive on Nov 8th, 1932

and that death occurred, on the date stated above, at 9.25 A. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Exam.

(Signed) Frederic V. D. Mack, M. D.

. 19 (Address) 513 E 39th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

Mt Olivet Cem

DATE OF BURIAL 11/11 1932

20 UNDERTAKER Wm Coots

ADDRESS 1217 St Paul St

M. D. B. 1268-B

84381 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84381

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Stricker St., 27-55 Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Otto Sundermeier

(a) Residence: No. 4001 Strathmore Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 8th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1914

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Otto Sundermeier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmine Baumgart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto Sundermeier

(Address) 4001 Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Park Date 11/10/32 19...

19. UNDERTAKER H. S. Wetherald

(Address) 1135 N. Eutaw St

20. FILED 11-10-32 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1932 to Nov 8 1932

I last saw h. alive on Nov 7 1932 Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	?
Myocarditis	?
Other contributory causes of importance:	
Acute Cardiac Dilatation	10 days
Pulmonary Edema	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Glassman M. D.

(Address) 2628 Druid Park Drive

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84382

CERTIFICATE OF DEATH

E 84382

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2541 W. Lombard St., 70-66 Ward)

2-FULL NAME August W. Goltz

(a) RESIDENCE NO. 2541 W. Lombard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia A. Goltz

6 DATE OF BIRTH (month, day, and year) Dec. 3rd 1859

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	72	11	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work (Retired) Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER August Goltz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Amelia A. Goltz (Address) 2541 W Lombard St

15 Filed ..... 19.. Huntington Williams, Registrar

R. P. H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-sclerosis

(duration) exactly unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Guy H. Stonwell M. D.

11/10. 1932 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL 11/11/32

20 UNDERTAKER F. B. Wagner

ADDRESS 1850 N Paca St

01932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84383 CERTIFICATE OF DEATH E 84383

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Baltimore Md St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Tyler

(a) Residence: No. 1737 Parish St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Tyler

7. DATE OF BIRTH (month, day, year) , 1879

8. AGE Years 53 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

13. NAME John Tyler

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

15. MAIDEN NAME Annie Frazier

16. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 11/12, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 130 Pleasant Ave, Baltimore, Md

, 19

0 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1932 to 11-8, 1932

I last saw him alive on 11-8, 1932. Death is said to have occurred on the date stated above, at 4.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic Aortic insufficiency	10-21-32
Other contributory causes of importance: Acute Myocardial insufficiency	11-8-32
Syphilis Tertiary	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-8-32 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

M. D. R. 1268-9

84384

HEALTH DEPARTMENT—CITY OF BALTIMORE

84384 E

CERTIFICATE OF DEATH

23 V

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. 16-22 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Norman.

(a) Residence: No. 1705 Laurens St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 08-8-1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ann Arundel Co (State or country) Md

13. NAME Julius Norman

14. BIRTHPLACE (city or town) Calvert Co (State or country) Md

15. MAIDEN NAME Agnes Brown

16. BIRTHPLACE (city or town) Calvert Co (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date NOV. 11, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Eastern Ave

Registered for Williams, 11-32

Registrar.

01932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1932 to 11-7, 1932

I last saw him alive on 11-7, 1932 Death is said to have occurred on the date stated above, at 7 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Tuberculosis of Lumbar Spine	7-1-32
Hypostatic failure	11-6-32

Other contributory causes of importance:

Name of operation no Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

84385

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84385

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 12-50 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Slocum

(a) Residence: No. 2013 3rd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-20-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Alberta Slocum

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Alberta Slocum

(Address) 208 E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date Nov. 11 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Eutaw Place

Huntington Williams, N.Y.

20. FILED 11-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-15-1932 to 11-8-1932

I last saw him alive on 11-8-1932. Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset .....

Other contributory causes of importance:

Prematurity

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. C. Butler M. D.

(Address) Provident Hospital

M. D. H. 1268-9

84386 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84386

Registered No. 54-005

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie Hiser

(a) Residence: No. Belair - Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Hiser

6. DATE OF BIRTH (month, day, year) 12/1/86

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	-	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 0.37

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Dan'l Elias Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Nellie Nichols

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL.

Place Druid Ridge Date Nov 12 1932

19. UNDERTAKER Degn & Foster

(Address) Belair Md

Huntington Finlayson N.D.
Registrar.

01932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-3-1932 to 11-10-1932

I last saw h.e alive on 11-10-1932. Death is said to have occurred on the date stated above, at 4:5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Paralytic Ileus	

M. D. B. 1268-9

84387 84387 84387

84387 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 4-30 Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriett Rose Moser

(a) Residence: No. 603 Sunset Ave. St., Ward. Hagerstown, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Harry S. Moser

6. DATE OF BIRTH (month, day, year): Nov. 13-1888

7. AGE: Years 43 44; Months 11; Days 2 28; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H-W. 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country): Braddock, Pa.

13. NAME: Daniel R. Rose

14. BIRTHPLACE (city or town) (State or country): Pa

15. MAIDEN NAME: De Alven Lipton

16. BIRTHPLACE (city or town) (State or country): md.

17. INFORMANT (Address): H. S. Moser Hagerstown, Md

18. BURIAL, CREMATION, OR REMOVAL: Place Hagerstown Date 11/14 1932

19. UNDERTAKER (Address): C. M. Suter & Sons Hagerstown Md

Filed 11 10 1932 Huntington, West Virginia, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1932 to Nov. 11 1932

I last saw her alive on Nov. 10 1932 Death is said to have occurred on the date stated above, at 12:17 A m.

The principal cause of death and related causes of importance were as follows:

Thyrotoxicosis — Date of onset 1922

Other contributory causes of importance:

auricular fibrillation — 8/1932

Pulmonary emphysema — 11/6 22

Myocardial fibrosis — ?

none

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) D. McL. Currie M. D.

(Address) University Hospital

84388 E 84388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 W Baltimore St. 14-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Shep Saville

(a) Residence: No. 1319 W Balt St St., ... Ward. Mad Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alberta Susan Saville

7. DATE OF BIRTH (month, day, year) Nov 26, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Green Spring W Va

13. NAME William Link Saville

14. BIRTHPLACE (city or town) (State or country) Green Spring W Va

15. MAIDEN NAME Elizabeth V Moore

16. BIRTHPLACE (city or town) (State or country) Lewis W Va

17. INFORMANT Mrs Alberta S Saville
(Address) 1319 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 12 1932

19. UNDERTAKER Geo M Settles
(Address) 1100 Edmondson Ave

NOV 14 1932 Huntington Williams Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1932 to Nov 10, 1932
I last saw h— alive on Nov 10, 1932 death is said to have occurred on the date stated above, at 2.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?

Other contributory causes of importance:

Myocarditis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R L Myers M. D.

(Address) Wentworth apts

M. D. B. 1268-9

84389 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84389

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4203 Connecticut St., 96-71 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Catherine Carter

(a) Residence: No. 4203 Connecticut St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Hill Carter

6. DATE OF BIRTH (month, day, year) April 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russellville Ky

MOTHER

13. NAME Wm. H. Haley

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Martha McQuay

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Carl Hill Carter

(Address) 4203 Connecticut St

18. BURIAL, CREMATION, OR REMOVAL

Place Leadenhall Cem. Date Nov 12, 1932

19. UNDERTAKER J. Pue Lemmon & Sons

(Address) 1400 Eutaw Pl.

FILED NOV 11 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-7-32, 19 to 11-9-32, 19

I last saw h alive on 11-9-32, 19. Death is said to have occurred on the date stated above, at 8:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/5/32

Other contributory causes of importance:

Cardiac Failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos O McQuay, M. D.

(Address) 400 N Payson St

M. D. B. 1268-9

E 84390 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84390

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3606 Hurwall Ave 15-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella L. C. Buck

(a) Residence: No. 3606 Hurwall Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Irving Buck

7. DATE OF BIRTH (month, day, year) Sept. 20 1865

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Michael Fuller

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Louise Faust

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Louise Tickner
(Address) 3606 Hurwall Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 11 1932

19. UNDERTAKER Wm. J. Tickner & Son
(Address) 3606 Hurwall Ave.

20. FILED NOV 11 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932, to Nov. 9th, 1932

I last saw her alive on Nov 9th, 1932 Death is said to have occurred on the date stated above, at 3:34 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach,	
Cachexia -	

Other contributory causes of importance:

Senility	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas Bagby M. D.

(Address) 3048 W. North Ave.

M. D. B. 1268-8

84391

E 84391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x √ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 4-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Markovsky

(a) Residence: No. Abingdon, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1869.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Moravia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Markovsky

(Address) Abingdon Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Francis Cem. Date Nov. 14, 1932

19. UNDERTAKER Howard K. McComas

(Address) Abingdon, Md

20. FILED 11 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 32

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932 to Nov 10, 1932

I last saw her alive on Nov 10, 1932 Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal Cirrhosis	
Ascites	

Other contributory causes of importance: Mitral Stenosis + Insufficiency

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E. J. Young M. D.

(Address) St. Joseph's Hosp

AACo. 5-31 250B

84392 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84392

194-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2303 E. Monument St., 7-10 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Conrad

(a) Residence: No. 2303 E. Monument St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Conrad

7. DATE OF BIRTH (month, day, year) Aug 10th 1886

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	3		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John King

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Hagner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph Conrad
(Address) 625 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 12 1932

19. UNDERTAKER Frank V. Pipitone
(Address) 251[illegible] E. Baltimore St Huntington Williams, N.B.

FILED NOV 14 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1930, to November 9, 1932.

I last saw her alive on November 9, 1932, death in said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcers of Lung	Months

Other contributory causes of importance:
Chronic Bone Lodged in Lung.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph L. Valentine M. D.

(Address) 14 S. Broadway

M. D. B. 1268-9

84393 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84393

CERTIFICATE OF DEATH

131V

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 N. Hilton St., 16-24 Ward)

Length of residence in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia G. Luburg

(a) Residence: No. 632 N. Hilton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 1 1853

7. AGE — Years: 79 | Months: 6 | Days: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Chas Edgar Luburg.

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Lillian M. Little

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Lillian M. Little
(Address) 632 N Hilton St

18. BURIAL, CREMATION, OR REMOVAL
Place: Greenmount Date 11-12 19 32

19. UNDERTAKER: Mrs Chas A G Rohde
(Address) 2 Edmondson Ave

Registered 11-13-32 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4-32 19.. to Nov 10-32 19..

I last saw h alive on Nov 9 1932 Death is said to have occurred on the date stated above, at 245 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Bronchio Pneumonia	10/4/32

Other contributory causes of importance:

Toxemia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benj O Williams M. D.

(Address) 1102 Payson St

M. D. B. 1268-9

Michael, Faby

84394 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 84394

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Faby

(a) Residence: No. 1008 S Ellwood Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Faby

6. DATE OF BIRTH (month, day, year) Aug 1 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. garage business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 4 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Faby.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Agnes Faby.

(Address) 1008 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lexington National Date Nov 12 1932

19. UNDERTAKER Stephen J. Falkowski Inc

(Address) 1002 S. Hanover Ave

[illegible] Huntington Wilmington, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1932 to Nov 9 1932

I last saw him alive on Nov 9 1932 Death is said to have occurred on the date stated above, at 8.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	15 min.
Other contributory causes of importance:	
Bronchopneumonia	3½ week
Phlebitis Rt leg.	1 week

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

M. D. H. 1268-9

84395 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84395

CERTIFICATE OF DEATH

122v002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 10-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Stella Rose Maggio

(a) Residence: No. 1236 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 19/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Salvatore Maggio

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Rose Armetta

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Salvatore Maggio

(Address) 1236 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date 11-12-32 19

19. UNDERTAKER Chas B. Kuchausky

(Address) 631 S. Paca St

19 FILED NOV 11 1932 Huntingdon Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception (Intestinal)	7

Other contributory causes of importance:

Name of operation yes Date of Nov 8

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John A Cain M. D.
Coroner

(Address) 508 E Fayette

OCCUPATION IS VERY important.

Spec.—9-30—A. & Co.—250 Bks.

E 84396

84396 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

157-004

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 542 N Pulaski St. 20-69 WARD)

2 FULL NAME Infant Romero

(a) RESIDENCE NO. 542 N Pulaski St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female | 4 COLOR OR RACE White | 5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 10, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or 20 min.

8 OCCUPATION OF DECEASED —

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Manuel Romero

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Eva Flask

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country) Md

14 Informant Eva Flask

(Address) 542 N Pulaski

Filed NOV 11 1932 Huntington Williams M.C.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10, 1932

17

I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

that I last saw h... alive on ....., 19...

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows: Congenital Malformation of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) James A. Lichtenberger M. D.

11/11, 1932 (Address) 721 N Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Nov. 11, 1932

20 UNDERTAKER E. Leroy Stiffler, Jr. Inc.

ADDRESS 125 E. North Ave.

E 84397

AACo. 5-11 250B

84397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marine Hospital St. 12-51 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A. Houck

(a) Residence: No. 400 Danville Rd St. Raspesburg Md
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	wh	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/27/1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanics

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc — 31

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME John Houck

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ida Mauzy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Neice
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 12 1932

19. UNDERTAKER M Joseph Syper
(Address)

20. FILED Huntington Williams, N.Y.

11 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1932 to 11-9, 1932

I last saw h[illegible]M. alive on 11-9-32, 1932 death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension artery	1929
Hemorrhage cerebral	11-8-32
Hemiplegia	11-8-32
Pneumonia, lobular	11-9-32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) K. E. Gamm, M. D.

(Address) U.S. Marine Hosp.

M. D. B. 1205 84398 84398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-061

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Fulton & Caton St. 12-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 8 mos. 17 ds. How long in U. S. If of foreign birth --yrs. --mos. --ds.

2. FULL NAME Rev. J. Satterfield Daily

(a) Residence: No. St. Agnes Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 23, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roman Catholic Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 01

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Daily

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Josephine E. Satterfield

16. BIRTHPLACE (city or town) (State or country) Easton Maryland

17. INFORMANT Miss M. Josephine Daily
(Address) 2626 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 11/12, 1932

19. UNDERTAKER Harry C. Myers & Son
(Address) 409 N. Eutaw St.

Filed Nov 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1932, to 11-10, 1932

I last saw him alive on 11-10, 1932. Death is said to have occurred on the date stated above, at 12 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:
arteriosclerosis with involvement coronary arts.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. A. Von Ammon, M. D.

(Address) St Agnes Hos

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84399 † 46 E 84399

Registered No. E 84399

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hosp St. 4-7 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Rodey

(a) Residence: No. Woodstock College St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	7	37	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woodstock College

10. Date deceased last worked at this occupation (month and year) Oct. 1932

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Anthony Rodey

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Wasmuth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Nov 11-12 1932
St Alphonsus Woodstock Md

19. UNDERTAKER Bernard E Harle
(Address) 1022 E Baltimore St Huntington Williams, N.Y.

Registrar.

NOV 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1932 to Nov 11 1932

I last saw h[illegible] alive on Nov 11 1932 Death is said to have occurred on the date stated above, at 1:33 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas — Date of onset ?

Other contributory causes of importance: Post Operative Shock — 12 hrs

Name of operation Cholecystgastroslomy Date of Nov 10

What test confirmed diagnosis? Exploration Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) H Raymond Peters M. D.

(Address) 1405 W. Lexington St.

M. D. R. 1268-9

84400 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84400

CERTIFICATE OF DEATH

121 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Mc Shane

(a) Residence: No. 2206 Kirk Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John J Mc Shane

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Julia Paton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs J J Mc Shane

(Address) 2206 Kirk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 11/12 ... 19

19. UNDERTAKER Mary M. Mudefeld & Sons

(Address) 501 E. 32nd St. Huntington Pittsburgh, Pa.

20. 11 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10- , 1932

22. I HEREBY CERTIFY, That I attended deceased from November 6th, 1932, to November 10th, 1932

I last saw her alive on 11-10- , 1932. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Tuberculous Appendix Peritonitis	10/28/32
Other contributory causes of importance:	
Toxemia	11/8/32

Name of operation Appendectomy & drainage Date of 11/5/32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. F. Young M. D.

(Address) St. Joseph Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84401 E 84401

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tp.) St. 4-25 Ward

CITY OF BALTIMORE: (No. ____

Length of residence in city or town where death occurred 34 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth 30 yrs. ____ mos. ____ ds.

2. FULL NAME Vincent Greco

(a) Residence: No. 650 W. Saratoga st. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatore Greco

6. DATE OF BIRTH (month, day, year) Unknown 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Nicasio Greco

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Concero ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL 11/14/32 19
Place New Cathedral Date

19. UNDERTAKER [illegible]
(Address) [illegible]

12 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from September 16 1932 to November 10 1932.

I last saw him alive on November 10 1932 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 10 1932.
Arteriosclerosis	Unk.

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Bennett A. Evans M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

84402

HEALTH DEPARTMENT—CITY OF BALTIMORE

84402

CERTIFICATE OF DEATH

Registered No. 12-5092-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 E. 24th St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen E. Cross

(a) Residence: No. 114 E. 24th St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Frederick A? Cross

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Mary Snell

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Charles Baldwin
(Address) Munsey Bldg., Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place Low Park Nov. 12, 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 12 1932 Huntington Village, N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Galoular Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address) 3672 Roland Ave Coroner

M. D. B. 1268-9

84403

HEALTH DEPARTMENT—CITY OF BALTIMORE

84403

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1900 Dixon Drive Mt. St. Was. Ward) 37-54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 91 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm. H. Conkling

(a) Residence: No. 1900 Dixon Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Olivia Hardesty Kirk

6. DATE OF BIRTH (month, day, year) Feb. 3, 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. H. Conkling

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Eliza C. Gardner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Olivia Conkling Ladd
(Address) 2958 Scarborough St.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 11/12/32 19

19. UNDERTAKER John C. Littlefield & Sons
(Address) 1500 Eutaw Place

20. FILED Huntington, Williams, M.D.
Registrar.
11 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1918 to Nov. 11, 1932

I last saw him alive on Nov. 10, 1932 Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 27/32
Other contributory causes of importance:	
Arteriosclerosis Symp.	1918
Myocardial disease "	1918
("myocarditis")	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis P. Hamburger, M. D.

(Address) 1207 Eutaw Place

M. D. B. 1268-9

E 84404

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84404

CERTIFICATE OF DEATH

93-003

Registered No. 25-67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4402 Springdale Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Weedon

(a) Residence: No. 4402 Springdale Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 9, 1862

7. AGE	Years	Months	Days	If LESS than 1 day...hrs. or ...min.
	70	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Michael's Md.

FATHER

13. NAME Alexander Weedon

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Weedon

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alexandria Mullikin
(Address) Easton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Michael's, Md. Date Nov. 12, 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Nov 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1931, to Nov. 10, 1932

I last saw her alive on Nov. 10, 1932 Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy	11/6/32
Other contributory causes of importance: Chronic myocarditis with decompensation	1931

Name of operation — Date of

What test confirmed diagnosis? findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ... 19...

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Maurice E. Shamer M. D.

(Address) 3300 W. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

84405 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84405

CERTIFICATE OF DEATH

124-002

Registered No. 16-71

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3918 Edmondson Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine I. Peregoy

(a) Residence: No. 3918 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Peregoy

6. DATE OF BIRTH (month, day, year) Oct. 22, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	-	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Stephen Musgrove

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Juliana M. White

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss. Teresa C. Peregoy
(Address) 3918 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemy. Date 11/14, 1932

19. UNDERTAKER John A. Mitchell & Sons
(Address) Piece Entaw & Pace

20. FILED Huntington Williams, Registrar.
2 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10/32, 19

22. I HEREBY CERTIFY, That I attended deceased from July - 1 -, 1932 to Nov - 10 -, 1932

I last saw her alive on Nov - 10, 1932. Death is said to have occurred on the date stated above, at 12 p.m. Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis.	1930
Cirrhosis of Liver	1932
Other contributory causes of importance:	
Hypertrophy of Heart	1932

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Marlin M. Shook, M. D.

(Address) 806 N Fulton Ave

M. D. B. 1268-9

84406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84406

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 23-72 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Frank Johenning

(a) Residence: No. Linthicum Heights, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie Johenning

6. DATE OF BIRTH (month, day, year) Jan 10th 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42 (41)	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Station Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Oct 1932

11. Total time (years) spent in this occupation. 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Ernest A. Johenning

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Elizabeth Metzing

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Marie C. Dezzo

(Address) 921 - 19th st Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cemetery Date 11/14/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st.

20. FILED 11-12-1932, 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/1, 1932, to 11/11, 1932

I last saw h[illegible] alive on 11/11, 1932 Death is said to have occurred on the date stated above, at 3:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Liver abscess	8mo

Other contributory causes of importance:

R1 pleuritis with empyema

Name of operation Drainage of Liver abscess Date of 11/3/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Frontz M. D.

(Address) St. Agnes Hosp.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84407

CERTIFICATE OF DEATH

E 84407

REGISTERED NO. 126

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) St. Agnes Hospital St., 70-37 Ward)

2-FULL NAME Jessie Amelia Twinyard

(a) RESIDENCE NO. 422 N. Brice St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Albert E. Twinyard

6 DATE OF BIRTH (month, day, and year) Oct. 25 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	49	0	17 16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) — — — 037
(c) Name of employer — — —

9 BIRTHPLACE (city or town) Lakehurst
(State or country) New Jersey

PARENTS

10 NAME OF FATHER Harrison H. Rhoads

11 BIRTHPLACE OF FATHER (city or town)
(State or country) New Jersey

12 MAIDEN NAME OF MOTHER Sadie Francis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) New Jersey

14 Informant Miss Frances Twinyard
(Address) 422 N. Brice St.

15 Filed ..... 19..... Registrar

121932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 11, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mesenteric Thrombosis

(duration) about 18 hrs. yrs. mos. ds.

CONTRIBUTORY (Secondary) Intestinal Obstruction

Cholelithiasis (duration) about 18 hrs. yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? Yes Date of 11/10/32

Was there an autopsy? No.

What test confirmed diagnosis? Operation

(Signed) Chas. H. Thomas M. D.

11/11. 1932 (Address) 203 E. Lafayette Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet Cemetery — DATE OF BURIAL Nov 14th 1932

20 UNDERTAKER Wm Cook 1217 St Paul St — ADDRESS

Important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 84408

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84408

CERTIFICATE OF DEATH

93-004

REGISTERED NO. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital (St.) (Ward)

2-FULL NAME Charles S. Turner

(a) RESIDENCE NO 412 Calvin Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or Wife of)~~ Clara E. Turner

6 DATE OF BIRTH (month, day, and year) May 14th 1855

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	✓	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Penna R.R.

9 BIRTHPLACE (city or town) (State or country) Prince George Co Md

PARENTS

10 NAME OF FATHER William Turner

11 BIRTHPLACE OF FATHER (city or town) (State or country) Washington D.C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington D.C.

14 Informant Henry A. Turner

(Address) 2528 E. Biddle St

15 Filed Nov 2 1932 by Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis
Failure
(duration) mo. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) H. Bruce Brown, M. D. Coroner

Nov 11 1932 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Johns (Waverly) Cemetery

DATE OF BURIAL Nov 14th 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

M. D. B. 1268-9

E 84409

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84409

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 S. Gilmor St., (Ward) 14-28

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James H. Kennedy

(a) Residence: No. 433 S. Gilmor St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Margaret A. Kennedy

6. DATE OF BIRTH (month, day, year) Aug 9th 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O R. R. Co.

10. Date deceased last worked at this occupation (month and year) March 1912

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cox

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret A. Kennedy
(Address) 433 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov 14th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E. Pratt St

Attesting for Williams, Nos

20. [illegible] 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8 1932 to Nov. 10 1932

I last saw him alive on Nov. 10 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	11-8-32
Arterio-sclerosis & myocarditis	About Oct. 1929

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry C. Ohle M. D.

(Address) 1203 W. Fayette St.

M. D. H. 1268-0

M ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

84410

CERTIFICATE OF DEATH

2106 E 84410

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., (Ward) 55

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Christie Wm Wilson

(a) Residence: No. 3410 Belvidere Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wilson

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Express Boy for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H T Archibald Fish

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Elizabeth Wilson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place W.W. Comd Date Nov. 12, 32

19. UNDERTAKER Wm. E. Miller & Co.

(Address) 3034 Gilmor St.

20. FILED DEC 1 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry, 19.... to ...., 19....

I last saw h alive on inquiry, 19.... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

Comp. Fracture of skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/9, 1932

Where did injury occur? North Ave Bridge Jones Falls

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto he was driving went

Nature of injury off bridge into Jones Falls

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Sokolow M. D.

Coroner

(Address) 2200 E Madison St

M. D. B. 1268-9

84411 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84411

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4008 Penhurst Ave. St. 15-6162 Ward) 3

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ann Rebecca Gardner

(a) Residence: No. 4008 Penhurst Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agustus M. Gardner

6. DATE OF BIRTH (month, day, year) Sept. 21, 1841

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	I	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Ehrhart

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Bettie Pattison

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Carrie Gardner
(Address) 4008 Penhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov. 14. 1932

19. UNDERTAKER Harry W. Eckles
(Address) 1944 Eutaw Place

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 1931 to Nov. 11 1932.

I last saw h[illegible] alive on 11/11 1932, Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of age	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) M. S. Schimmel, M. D.

(Address) 3101 Forrest Blvd

M. D. B. 1268-9

84412

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84412

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Presstman St. 15-65 Ward)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Frances Stockdale

(a) Residence: No. 2220 Presstman St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jesse Stockdale

6. DATE OF BIRTH (month, day, year) Nov. 10, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matron of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. A. E. C. Retired 4 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME ? Rosier

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Druid Rhodes

(Address) 2220 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Nov 14, 1932

19. UNDERTAKER (Mrs) Nicholas Sons

(Address) North & Arlington Aves.

20. FILED Nov 14 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1932 to Nov 11, 1932

I last saw her alive on Nov 11, 1932 Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ernest A. Lahue, M. D.

(Address) 3008 W. North Ave.

M. D. B. 1268-9

E 84413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 84413

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1142 Montecalm St. 21-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth?....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Schwartz

(a) Residence: No. 1142 Montecalm St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 7, 1932

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or 5 min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Schwartz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Goldie Flowers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT — (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov 10, 1932

19. UNDERTAKER [illegible] DONALD.

(Address) [illegible]

20. FILED 12 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932 to Nov 8, 1932

I last saw her alive on Nov 1, 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) Louis H. Longacre M. D.

(Address) Penna. Hosp.

Spec.—9-30—A. & Co.—250 Bks

84414

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84414

CERTIFICATE OF DEATH.

REGISTERED NO. 107-881

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N. Vincent St. (WARD) 1-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary E. Brown

(a) RESIDENCE NO. 226 N. Vincent ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in City or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced (write the word) Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 20-1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	51	4	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Alfred Brown

11 BIRTHPLACE OF FATHER (city or town) Va

(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Taylor

13 BIRTHPLACE OF MOTHER (city or town) Baltimore Md

(State or country)

14 Informant Jas. F. Biddle

(Address) 226 N. Vincent

15 Filed NOV 12 1932, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9th 1932

17

I HEREBY CERTIFY, That I attended deceased from Nov 7th, 1932 to Nov 9th, 1932

that I last saw h alive on Nov 9th, 1932

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY ...
(Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) H. Gilchrist M. D.

(Address) Nov 9th 1932 Balt Md

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Zion cem — DATE OF BURIAL Nov. 13 1932

20 UNDERTAKER Joseph A. Lively — ADDRESS 409 N. Mount St

Spec.—1-30—M. & T.—250 Bks.

E 84415 HEALTH DEPARTMENT—CITY OF BALTIMORE

131 E 84415

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 826 (St.) Edmondson Ave (Ward) 16-26

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John H. Smith

(a) RESIDENCE NO. 826 Edmondson Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE~~ Emma Smith

6 DATE OF BIRTH (month, day, and year) March 3 1862

7 AGE: Years 70 | Months 8 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Frederick Md

PARENTS

10 NAME OF FATHER John H Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md

12 MAIDEN NAME OF MOTHER Nancy Fillery

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Frederick Md

14 Informant (Address) Anne Smith 826 Edmondson Ave

15 Filed 12 1932 19 Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9. 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 8 1932 to Nov 9 1932

that I last saw him alive on Nov 8 1932

and that death occurred, on the date stated above, at 3.45 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis (cardiac)

Vascular Renal Disease (duration) 1 yr 1 mo ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. H. Howell M. D.

11/11 1932 (Address) 601 Harrod Blvd City

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Auburn Cem — DATE OF BURIAL: Nov 13 1932

20 UNDERTAKER: Joseph A Sively — ADDRESS: 409 N. Mount St

M. D. R. 1268-9

E 84416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84416

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1903 Homewood ave St., 9-18 Ward)

Length of residence in city or town where death occurred, about 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B. Giesey

(a) Residence: No. 1903 Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Fannie Giesey

6. DATE OF BIRTH (month, day, year) July 19 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

FATHER

13. NAME Charles Giesey

14. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

MOTHER

15. MAIDEN NAME Rebecca Brenice

16. BIRTHPLACE (city or town) (State or country) Shrewsbury Pa.

17. INFORMANT Fannie Giesey (Wife)
(Address) 1903 Homewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Glen Rock Pa. Date Nov. 15 1932

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 1903 Druid Park Ave. Baltimore, Md.

20. FILED Nov 17 1932 . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from May 2 1932 to Nov 11 1932

I last saw h. alive on Nov 11 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventricular dilatation	Nov 11
Other contributory causes of importance: Pneumonia, Chronic bronchitis	May 2

Name of operation — Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Horner, M. D.

(Address) 1301 N Park Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84417.

CERTIFICATE OF DEATH

E 84417

Registered No. 108

1. PLACE OF DEATH: Baltimore City Hospital
CITY OF BALTIMORE: (No.) Baltimore, Md St. (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Harry Lewis
(a) Residence: No. 403 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Lewis

6. DATE OF BIRTH (month, day, year) Feb 3 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Wilmington, Del

MOTHER FATHER

13. NAME: Zelmona Butler
14. BIRTHPLACE (city or town) (State or country): Milford, Del.

MOTHER

15. MAIDEN NAME: Alice Benson
16. BIRTHPLACE (city or town) (State or country): Sanes Del.

17. INFORMANT (Address): Balto. City Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place 21st Auburn Cem Date 11/12 1932

19. UNDERTAKER (Address): Samuel T. Hennessey 2238 W Baltimore

Filed 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-9-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-29-1932 to 11-9-1932
I last saw him alive on 11-9-1932 Death is said to have occurred on the date stated above, at 12:00 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	10-29-32
Empyema Bilateral	11-2-32
Meningitis Pneumococcus	11-6-32

Other contributory causes of importance:

Name of operation: None Date of: —
What test confirmed diagnosis: Clin. Obs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-10-32 (Signed) Elmer Highbarger M. D.
(Address) Balto City Hospitals

M. D. B. 1268-9

E 84418

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84418

CERTIFICATE OF DEATH

131 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals Baltimore Md. St., ... Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Miller (or Czarnecka)

(a) Residence: No. 532 S. Curley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Czarnecka

6. DATE OF BIRTH (month, day, year): 10-25-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	64	11	15-14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Joseph Krug

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Kate ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Nov 14, 1932

19. UNDERTAKER: George A. Weber
(Address) 8 Ann Street

20. FILED: NOV 14 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-9-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-5-1932 to 11-9-1932

I last saw her alive on 11-9-1932 Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrovascular renal disease & hypertension	11-1-32
Other contributory causes of importance: acute myocardial insufficiency	11-4-32

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

11-9-32 (Signed) Elmer Hightower, M. D.

(Address) Balto City Hospitals

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84419

CERTIFICATE OF DEATH

82 — E 84419

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. ... (Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 44 yrs. ... mos. ... ds.

2. FULL NAME Stella Rudzinski

(a) Residence: No. 117 S. Washington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wiecenty Rudzinski

6. DATE OF BIRTH (month, day, year) March 15 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	7	27th	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

037

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John Swiakowski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Sophia Lorkowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wiecenty Rudzinski
(Address) 117 S Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Huntingtown Cemetery Date November 15 1932

19. UNDERTAKER George A. Weber
(Address) 765 4th Ave. Huntington, W. Va.

12-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6 1932 to Nov 11 1932

I last saw h[illegible] alive on Nov 11 1932 Death is said to have occurred on the date stated above, at 8:35 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 weeks

Other **contributory causes** of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84420

E 84420

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 S. Montford Ave St., 1-3 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Eva Piskor

(a) Residence: No. 620 S. Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of John Piskor

6. DATE OF BIRTH (month, day, year) Nov, 2-1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Sobus

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rozalia Krawczyk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. John Piskor

(Address) 620 S. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Hamiltons Cemetery Date Nov. 17th, 1932

19. UNDERTAKER George A. Weber

(Address) 765 S. Conkling Street

20. FILED Huntington Williams, M. D. Registrar.

12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/28/32 19 .. to. 11/11/32, 19.....

I last saw h[illegible] alive on 11/11/32, 19 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

a Bronchitis

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hamilton Weber, M. D.

(Address) 315 S. Bond St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84421 E 84421

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 56 yrs. ... mos. ... ds.

2. FULL NAME Andrew Zacharski

(a) Residence: No. 720 S. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Zacharski

6. DATE OF BIRTH (month, day, year) Nov 12/1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	11	29?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) German Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anna Zacharski

(Address) 720 S. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hamilton Cem. Date Nov 14, 1932

19. UNDERTAKER George A. Weber

(Address) 1200 Harford Avenue

Nov 12 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
(Probably Chr Endocarditis	
of Rheumatic Origin)	yeres ?

Other contributory causes of importance:

Chr Bronchitis	3-4 years

Name of operation ... Date of ...

What test confirmed diagnosis: inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

84422

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84422

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Phelps Lane) St. ... Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 29 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Coen W. Baettinger.

(a) Residence: No. 3213 Phelps Lane Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) Sept 13th 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2 1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Baettinger.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Savilla Smith.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr Joseph Baettinger.
(Address) 3213 Phelps Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 11/12 32

19. UNDERTAKER John J Cowan & Son
(Address) 901 Eastern Ave.

20. FILED 11/12/32 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1932 to Nov 11 1932

I last saw her alive on Nov 11 1932 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	11/9/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M Winegle M. D.

(Address) 108 N. Dutton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84423

E 84423

CERTIFICATE OF DEATH

Registered No. 31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3906 Woodhaven St., 15-65 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia Perry Roseberry

(a) Residence: No. 3906 Woodhaven Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Edward Roseberry

6. DATE OF BIRTH (month, day, year) Aug 22/1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Robert E Lloyd

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Storell

16. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

17. INFORMANT Laura May Stitchens

(Address) 3906 Woodhaven Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Park Cem. Date Nov 14 1932

19. UNDERTAKER Henry N. Arnscott & Son

(Address) 4204 Edgewood Ave

20. FILED NOV 12 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1931 to Nov 11 1932

I last saw her alive on Nov. 10 1932 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene (left foot) Arteriosclerotic in origin	10-20-32

(Other contributory causes of Importance:

Generalized Arteriosclerosis with Hypertension & Chr. nephritis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sheldon Goodman M. D.

(Address) 323 Med. Arts Bldg, Balto. Md.

M. D. H. 1268-9

84424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84424

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S. Pulaski St. 20-69 Ward) Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nathlea M. Sims

(a) Residence: No. 22 S. Pulaski St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Sims

6. DATE OF BIRTH (month, day, year) Nov 12th, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Louis, Mo.

FATHER

13. NAME Milton Staley

14. BIRTHPLACE (city or town) (State or country) Frederick, Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

17. INFORMANT William A. Sims
(Address) 22 S. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 12th 1932

19. UNDERTAKER F. B. Wippert
(Address) 1850 W. Baltimore St

20. FILED NOV 12 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932 to Nov 9, 1932

I last saw her alive on Nov 8, 1932. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scirrhous Carcinoma of Uterus Recurr.	9/1/29
Carcinomatosis Generalized	9/32
Cardiac Asthenia	11/7/32
Other contributory causes of importance:	
Cardiac Asthenia	11/8/32

Name of operation Radical Bemm Op. Date of 9/14/29

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bloom M.D. M. D.

(Address) 226 N. Paca St.

OCCUPATION is very important. See instructions on back of certificate.

E 84425

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84425

CERTIFICATE OF DEATH.

92-001

Registered No. C.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 608 Berry St. St. 13-52 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alice Price

(Residence in Baltimore: No. 608 Berry St. St.; yrs. 35 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-Single, ~~Married~~, Widowed, ~~or Divorced~~. (Write the word.): Single

6-DATE OF BIRTH: May (Month) 3 (Day) 1897 (Year)

7-AGE: 57 yrs. 6 mos. 8 ds.

If LESS than 1 day, ...hrs. or.... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Mill Hand
(b) General nature of industry, business, or establishment in which employed (or employer): Oleo

9-BIRTHPLACE (State or Country): Pa.

PARENTS

10-NAME OF FATHER: Richard Price

11-BIRTHPLACE OF FATHER (State or Country): Germany.

12-MAIDEN NAME OF MOTHER: Margaret A. Fase

13-BIRTHPLACE OF MOTHER (State or Country): md.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) May Price.

(Address) 608 Berry St.

15-

Filed 12 1932 192

Huntington Williams, M.D.
Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH: November (Month) 11, (Day) 1932 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an.....(Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said.....(Inquest, autopsy or Inquiry.) find that said deceased came to.....death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular disease of heart

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) John J. Mowbray M. D.
(Coroner)

11/11 1932 (Address) 363 W. Lanvale St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18-LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents).
At place of death....yrs....mos....ds. In the State....yrs....mos....ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19-PLACE OF BURIAL OR REMOVAL: Cruchyterian Govan

DATE OF BURIAL: Nov. 14 1932

20-UNDERTAKER: Thurnwald Son

ADDRESS: 365 Chestnut Ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84426

CERTIFICATE OF DEATH

E 84426

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 E. Chase St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 10 ds. How long in U. S. if of foreign birth? Yrs. mos. ds.

2. FULL NAME Christina Rokel

(a) Residence: No. 1022 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William P. Rokel

6. DATE OF BIRTH (month, day, year) May 1st 1865

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Braun

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs A. M. Ruppert

(Address) 1022 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Nov. 14 1932

19. UNDERTAKER Henry Hoeck Sons, Inc

(Address) 501 E Eager St

Huntington Williams, M.D.

Registrar.

12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15 1930 to Nov 11 1932

I last saw her alive on Nov 11 1932. Death is said to have occurred on the date stated above, at 7. a.m.

The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis
Cortitis & Mitral Insufficiency
Myocarditis

Date of onset

Other contributory causes of importance:

Auricular Fibrillation
General Anasarca

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

no If so, specify.

(Signed) Thomas Gloonan M. D.

(Address) 11 E Chase St.

M. D. B. 1268-9

E 84427 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84427

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 E Biddle St., 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha M. Deis

(a) Residence: No. 1409 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Stated	64	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 64

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Conrad Deis.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Miller.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mr. Matthew Deis

(Address) 1409 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL Greenmount

Place Mt. Maria Cem. Date Jan. 15 1932

19. UNDERTAKER Kemp Hood Funeral Svc.

(Address) 1301 E. Eager St.

Huntington Williams, M.D.
Registrar.

121932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12 1932

I HEREBY CERTIFY, That I attended deceased from November 12 1930 to November 12 1932

I last saw her alive on November 11 1932 Death is said to have occurred on the date stated above, at 3.0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None

(Signed) Hales K. A. Meyer M. D.

(Address) 1031 N. Caroline St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84428

CERTIFICATE OF DEATH

34 E 84428

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Joseph's Hosp

CITY OF BALTIMORE: (No. 17-20 St. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cornelia Waterman

(a) Residence: No. 1735 Maryland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. Waterman

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nellie M. Hemsley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Annie Thomas
(Address) Dorsey Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov. 13. 1932

19. UNDERTAKER Jesse M. Riddley
(Address) 1126 W. Biddle St. Huntington Williams, W. Va.

20. FILED 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to Nov 10 1932

I last saw h[illegible] alive on Nov 10 1932. Death is said to have occurred on the date stated above, at 11:08 A m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia, acute and chronic myocarditis & chronic passive congestion of both lungs, due to

Other contributory causes of importance:

Acute nasopharyngitis, Symptomatic Epilepsy

Date of onset
Nov 1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) R. F. Lyons M. D.

(Address) St. Josephs Hosp.

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84429

CERTIFICATE OF DEATH

E 84429

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Gilmor St., 6-27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Minnie Fezebel

(a) Residence: No. 604 N. Gilmor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): 1895

7. AGE: Years: 37 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): md

FATHER

13. NAME: Wilkins

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Wilkins

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Mary Hannah

(Address): 1100 La Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 13 1932

19. UNDERTAKER: Samuel M Chase & Son

(Address): 638 N. Gilmor

Huntington Williams, Registrar.

DEC 1 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Sudden

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.
(Coroner)

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Leave no blanks. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 84430 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 E 84430

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 15-58 ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel Rosenstein.

(a) RESIDENCE NO. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Fanny Rosenstein

6 DATE OF BIRTH (month, day, and year) Oct 16 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	—	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Ans

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Louis Rosenstein

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Fricy

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Sol. Rosenstein
(Address) 817 Park Ave.

15 Filed 11/11/1932 Huntington Williams, M.D. Registrar

121932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/9/32

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1932, to Nov. 9, 1932, that I last saw him alive on 11/9, 1932, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

hepatitis, myocarditis.

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. exam.

(Signed) Constance Assmuth M. D.

11/11, 1932 (Address) 817 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 19
20 UNDERTAKER	ADDRESS

A&Co. 5-31 250B

84431

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84431

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1845 W. Fayette St. (or) Ward) 20-27

Length of residence in city or town where death occurred 7 yrs. 6 mos. 5 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Anna Weber

(a) Residence: No. 1845 W. Fayette St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, ~~Widowed~~, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md

FATHER

13. NAME Henry Weber
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Boehler
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Weber
(Address) 1845 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 15 1932

19. UNDERTAKER Sos Joerdens & Son
(Address) 1217 E. Pratt St. Baltimore, Md.

20. Filed ... Registrar.

V 12 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1932 to Nov. 12, 1932
I last saw her alive on Nov. 12, 1932 ~~37~~ 32 Death is said to have occurred on the date stated above, at 4.40 a.m. 4.40 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	11-12-32
Acute pleurisy	11-6-32
Other contributory causes of importance: Valvular heart disease	About 1930

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not so, specify

(Signed) Henry G. Cable M. D.
(Address) 1203 W. Fayette St.

M. D. B. 1268-9

84432

B 84432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. L-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna a. Herman

(a) Residence: No. 438 N. Rose St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William F. Herman

6. DATE OF BIRTH (month, day, year): Aug. 22, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	2	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Toepfner

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: William F. Herman

(Address) 438 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov. 15, 1932

19. UNDERTAKER: E. Miller & Son

(Address) 2354 Jefferson St. Baltimore, Md.

20. FILED NOV 13 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1932, to Nov. 12, 1932

I last saw her alive on November 12 1932 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of left foot	
Diabetes	
Obesity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. R. Cohen, M. D.

(Address) Sinai Hospital

M. D. B. 1265-B

84433 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84433

CERTIFICATE OF DEATH

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 28 yrs. ... mos. ... ds.

2. FULL NAME Mrs George (Annie) Kremer

(a) Residence: No. 1107 Park Ave., Balto St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Mr George Kremer

6. DATE OF BIRTH (month, day, year) Sept 1, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Theodore Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Goldberg

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr George Kremer
(Address) 1107 Park Ave, Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date Nov. 13. 1932

19. UNDERTAKER J. F. Turner & Bro
(Address) 112 W. Baltimore St. Huntingtown Williams, N.Y.

20. FILED NOV 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1932, to Nov. 12, 1932

I last saw her alive on Nov. 11, 1932 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peptic Ulcer	Nov. 1931
Bronchopneumonia	Nov. 10, 32

Other contributory causes of importance:

Bronchopneumonia	Nov 10. 32

Name of operation Gastro-jejunostomy Date of Nov 8, '32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.
(Address) Union Memorial Hospital

M. D. B. 12553

84434

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84434

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home + Infirmary Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Cole

(a) Residence: No. Silver Cross Home St., ... Ward. ...
(Usual place of abode) Port Deposit Md.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 21 - 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Cole

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Ellen McSinton

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT James O. Cole
(Address) 733 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 14th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1932 to Nov. 12, 1932

I last saw her alive on Nov. 12, 1932 Death is said to have occurred on the date stated above, at 5:30 Pm.

The principal cause of death and related causes of importance were as follows:

Empyema, acute. — Date of onset Nov 1, 1932

Other contributory causes of importance:

Stricture of esophagus — Feb 1932

Epilepsy

Name of operation Transpleural empyemectomy Date of Oct 25 1932

What test confirmed diagnosis? — Was there an autopsy Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Richard C. Cumming M. D.

(Address) The Church Home and Infirmary

M. D. B. 1268-9

E 84435

E 84435 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St. 76-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Johnson

(a) Residence: No. 5307 Eastern ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary Johnson

DATE OF BIRTH (month, day, year) Mar 10th 1888

AGE (44) Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Aged 45	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Tamas Johnson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Katherine Wilhelm

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Records, Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 15th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 16 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 12. 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-9 1932 to 11-12 1932

I last saw him alive on 11-12 1932 Death is said to have occurred on the date stated above, at 7:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-9-32
Other contributory causes of importance: Alcoholism chronic	?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

11-12-32

(Signed) Elmer Higgins Jr M. D.

(Address) Balto City Hospitals

E 84436

84436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓97

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 412 E. 26th St.) 17-50 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Pugh
(a) Residence: No. 412 E. 26th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If ~~married~~, widowed, or ~~divorced~~, HUSBAND of ~~wife~~ Rachel M. Pugh

6. DATE OF BIRTH (month, day, year) Aug 31st 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Nov 1932
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Elk Neck Md

FATHER
13. NAME James Pugh
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Mary Slagel
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gertrude Gilbert
(Address) 412 E. 26th St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Nov 14th 1932

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

20. FILED DEC 5 1932 Harry W. Williams N.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11th 1932

I HEREBY CERTIFY, That I attended deceased from Nov 1st 1932 to Nov 11 1932
I last saw h— alive on Nov 8 1932 Death is said to have occurred on the date stated above, at 10:— a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	1 day
Arteriosclerosis	7

Other contributory causes of importance: Pneumonia Nov 1/32

Name of operation — Date of —
What test confirmed diagnosis Clinical Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) 412 E 25 St Balto

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

ME 84437

84437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., ... Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elenora Long

(a) Residence: No. Aberdeen, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Purnell Long

6. DATE OF BIRTH (month, day, year) July 19, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John D. Tarring

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Jennie Nash

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John Tarring

(Address) Aberdeen, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Aberdeen Md Date Nov 15, 1932

19. UNDERTAKER J. H. Jackson & Son

(Address) Aberdeen Md

Nov 15 1932, 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1932 to Nov. 12, 1932

I last saw h alive on Nov. 12, 1932 Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

Comp. fracture of skull — Date of onset ....

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/12, 1932

Where did injury occur? Phila Rd at Bradshaw
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury auto in which she was riding collided with a truck

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Joseph Stearns M. D.
Coroner.

(Address) 2260 E Madison St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84438

E 84438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 85

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-54 Ward)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dunton Bagwell

(a) Residence: No. 2403 Druid Hill Ave ~~St.~~, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 14, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Sumner Bagwell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Catharine Compton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Ella Taylor

(Address) 2403 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11/14/32

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

No. Filed ... 19... Registrar.

NOV 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1932, to Nov 8, 1932

I last saw h... alive on Nov 8, 1932 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Idiopathic Epilepsy	?

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) J. B. Burns, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Stock Printing & Co.—250 Blks.

84439

E 84439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 92-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Etting ST. 14-20 WARD)

2-FULL NAME Caroline Benson

(a) RESIDENCE NO. 1914 Etting ST., ... WARD

(Usual place of abode) (If non resident give city or town and State)

length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 7 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	5	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Lena B. Dixon

(Address) 1917 Etting St

15 Filed NOV 13 1932, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10/32

17

I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932, to Nov 10, 1932

that I last saw h[illegible] alive on Nov 7, 1932

and that death occurred, on the date stated above, at 3 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

11/10 1932 (Signed) E. William Ivy M. D.

(Address) 1708 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cemetery

DATE OF BURIAL 11/13/1932

20 UNDERTAKER Mrs. Leo H. Holland

ADDRESS 1631 Druid Hill

TION is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 84440 HEALTH DEPARTMENT—CITY OF BALTIMORE ^E 84440

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital — Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 17 Ward)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Eusebia Coulter

(a) Residence: No. 3035 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel V. Coulter

6. DATE OF BIRTH (month, day, year) March 7-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 yrs.	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Towles

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Wilson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jenkins Memorial (Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Nov. 14, 1932

19. UNDERTAKER Margaret E. Flynn (Address) 1422 Eutaw St.

20. FILED 13 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1932 to November 12, 1932

I last saw her alive on November 11, 1932 death is said to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	

Other contributory causes of importance:

Cardiac decompensation	
Renal insufficiency	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) George Gouldo, M. D.

(Address) St Agnes Hospital

STATE CAUSE OF DEATH in plain terms. DISEASE CAUSING DEATH, or in deaths from violence, the NATURE OF INJURY, should be stated. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

84441 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84441

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1333 Woodyear St. 15-23 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza Bowie

(a) RESIDENCE NO. 1333 Woodyear St. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Brown

6 DATE OF BIRTH (month, day, and year): Nov. 5. 1885

7 AGE: Years 47 Months Days 6 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Calvert Co md

PARENTS

10 NAME OF FATHER: Joseph J. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Alice Ireland

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

14 Informant (Address): William Brown 1333 Woodyear St

15 Filed NOV 13 1932 19 # 111 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 11th 1932

17 I HEREBY CERTIFY, That I attended deceased from July 28th 1932 to Nov 11th 1932

That I last saw her alive on Nov 11th 1932

and that death occurred, on the date stated above, at 8.30 A. m.

The CAUSE OF DEATH* was as follows:

Chr. Cancer by mistake Resolution

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary): Exhaustion

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Geo. H. Kaufelbach M.D.

1932 (Address) 2215 N. Howard Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvert Co Huntingtown md.

DATE OF BURIAL: Nov 14 1932

20 UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Preston St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—J. F. S.—500 Bks.

E 84442

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84442

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 512 N. Calhoun ST. 14-21 WARD)

2—FULL NAME William Reed

(a) RESIDENCE NO. 512 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): married

a If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Sarah Reed

6 DATE OF BIRTH (month, day, and year) mar 10. 1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlottesville, Va.

PARENTS

10 NAME OF FATHER John Reed

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Margarete ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sarah Reed.

(Address) 512 N. Calhoun St

15 Filed 11 13 1932, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-11-'32

17 I HEREBY CERTIFY, That I attended deceased from 7-26-32, 19 ....., to 11-10-32, that I last saw h[illegible] alive on 11 *, 1932 and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 41 ds.

CONTRIBUTORY (Secondary) Senility, arteriosclerosis

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) F. N. Cardozo, M. D.

11-11-32 (Address) 1524 O'Hill ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: nov 13 1932

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Preston St

Cor.—10-10-29—A Co.—100 Bks.

E 84443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84443

CERTIFICATE OF DEATH

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of Baltimore: (No. 133 N. Belnord Ave Ward) 6-10

REGISTERED NO. 165

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Ritter Sr.

(a) RESIDENCE NO. 133 N. Belnord Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower

5a If ~~married~~, widowed, ~~or divorced~~
HUSBAND of ~~(or)~~ WIFE of Elizabeth Ritter

6 DATE OF BIRTH (month, day, and year) Dec 10th 1866

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
65	11	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Building
(c) Name of employer Joseph Ritter Sr

9 BIRTHPLACE (city or town) Altham
(State or country) (N.B.) Austria ~~Scotland~~

PARENTS

10 NAME OF FATHER Joseph Ritter

11 BIRTHPLACE OF FATHER (city or town)
(State or country) (N.B.) Austria ~~Scotland~~

12 MAIDEN NAME OF MOTHER
(N.B.) Elizabeth Musser

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) (N.B.) Austria ~~Scotland~~

14 Informant Joseph Ritter Jr
(Address) 551 Hillsdale Ave

15 Filed NOV 13 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulation - hung himself by rope to water pipe in cellar of home. Suicide.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. H. Pallen, M. D.

11/ (19) (Address) 306 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Balto. Cemetery	Nov 14th 1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St. Paul St.

M. D. B. 1268-9

E 84444 ✓ E 84444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 61 S Monroe St, 19 [illegible] Ward)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Marie Campbell

(a) Residence: No. 61 S Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 20 1930

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
2	3	2 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Francis E Campbell

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Margaret O. Harris

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT Mr Francis E Campbell
(Address) 61 S. Monroe st

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date NOV 14. 1932

19. UNDERTAKER John F Denny
(Address) 218 Lucas St

20. FILED ... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11-, 1932

22. I HEREBY CERTIFY, That I attended deceased from January, 1932, to nov 11, 1932
I last saw h[illegible] alive on nov 9, 1932. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infantile anemia	at about 1 year 2 wk

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Karl W. Ehlwig, M. D.

(Address) 5200 Hillsboro Way.

OCCUPATION is very important. See instructions on back of certificate.

E 84445

E 84445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 213 N. Charles St. (Ward) 12-50

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary F. Yakel.

(a) Residence: No. 213 N. Charles St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Joseph A. Yakel

6. DATE OF BIRTH (month, day, year) 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — no

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Cummings

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Duncan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Minnie Yakel

(Address) 213 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Nov-14 1932

19. UNDERTAKER Mary W. Medefield

(Address) 701 E. 22nd St Huntington W. Virginia

20. FILED NOV 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1931 to Nov 11 1932

I last saw h alive on Nov 11 1932. Death is said to have occurred on the date stated above, at 3:30 p m

The principal cause of death and related causes of importance were as follows:

Acute nephritis — Date of onset 11/6/32

Other contributory causes of importance:

Chronic interstitial Nephritis — two yrs ago

Name of operation none Date of —

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt Stuart M. D.

(Address) 1403 Park

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84446

HEALTH DEPARTMENT—CITY OF BALTIMORE

84446

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH German Aged Home

CITY OF BALTIMORE: (No. Baltimore & Payson Sts. St., 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaretha Diebitsch

(a) Residence: No. Baltimore & Payson Sts. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard Diebitsch

6. DATE OF BIRTH (month, day, year) February 19, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ober-Shlesian, Saxony Germany

FATHER

13. NAME Henry Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Otto

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records German Aged Home
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Nov. 14 1932

19. UNDERTAKER Joseph B Cook
(Address) 1003 N. Baltimore St.

20. FILED Nov 14 1932 Hunter-Wilkins Co. Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932 to Nov 11, 1932

I last saw her alive on Nov 11, 1932 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	2wks
Senile Asthenia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical ... there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Ethelda Hemming, M. D.

(Address) 2000 Hollins St.

84447 — L. F. S.—500 Bks.

E 84447

HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 Ennley Av ST. 8-40 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Eva Knighton

(a) RESIDENCE NO. 3408 Ennley Av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Knighton.

6 DATE OF BIRTH (month, day, and year) June 9. 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework. 37

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER Andreas Baier

11 BIRTHPLACE OF FATHER (city or town) Unknown.

(State or country) .....

12 MAIDEN NAME OF MOTHER Margaretha Krauss Smith

13 BIRTHPLACE OF MOTHER (city or town) Germany

(State or country) .....

14 Informant Emma Trueschler (daughter)

(Address) 3408 Ennley Av

15 Filed NOV 13 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 9th 1932

17 I HEREBY CERTIFY, That I attended deceased from March 9, 1932, to Nov 9, 1932;

that I last saw h, W alive on Nov 8, 1932

and that death occurred, on the date stated above, at 6.50 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus (Body)

(duration) yrs. 8 mos. 0 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Microscopic

(Signed) Thos. F. A. Sterne, M. D.

11/9/1932 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Arridental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Nov. 14 1932

20 UNDERTAKER William G. Schaefer

ADDRESS 1816 Monument

NOV 13 1932

M. D. H. 1268-9

Buck

E 84448

84448 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Boyd Buck

(a) Residence: No. 516 N. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Roscoe H. Buck

14. BIRTHPLACE (city or town) (State or country) Largent, W. Va.

MOTHER

15. MAIDEN NAME Henrietta Boyd

16. BIRTHPLACE (city or town) (State or country) Largent, W. Va.

17. INFORMANT Roscoe H. Buck, W. Va.
(Address) 516 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL Place Largent W Va Date Nov 14 1932

19. UNDERTAKER Geo M. Enk & Son
(Address) 814 E Lanvale

FILED NOV 13 1932 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3.35 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia due to	
Volvulus or Intussesception	
Necrosis & hemorrhage-ileum	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) A J St Peter Coroner, M. D.

(Address) 508 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84449

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84449

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. 1235

CITY OF BALTIMORE: (No.) ..... St., 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 mos. ... ds. How long in U. S., if of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME — William H. Peters

(a) Residence: No. 6710 Bussemer Road Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Margaret Peters

6. DATE OF BIRTH (month, day, year) Jan 18, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Coppersmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Copper Smelting

10. Date deceased last worked at this occupation (month and year) — 1931

11. Total time (years) spent in this occupation — Life

12. BIRTHPLACE (city or town) (State or country) — Germany

FATHER

13. NAME — Henry Peters

14. BIRTHPLACE (city or town) (State or country) — Germany

MOTHER

15. MAIDEN NAME — Cooling?

16. BIRTHPLACE (city or town) (State or country) — Germany

17. INFORMANT — Sister

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Nov. 14, 1932

19. UNDERTAKER — George W. Zinkler

(Address) 1737 E. Eager St

20. FILED NOV 14 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1932 to Oct. 11, 1932

I last saw h... alive on Oct. 11, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Thrombosis Mesenteric — Date of onset 11/1/32

Other contributory causes of importance: Post Operative Shock — 11/8/32

Arterio Sclerosis

Hemiplegia

Name of operation Intestinal Resection Date of 11/9/32

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm Bowie Schaber M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

E 84450

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84450

CERTIFICATE OF DEATH

94-001

Registered No. 14-20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. 3 C St., Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Hartogensis

(a) Residence: No. Marlborough Apts. 3 C. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin H. Hartogensis

6. DATE OF BIRTH (month, day, year) Sept. 12, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Marks Grunebaum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Kaufman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. B. H. Hartogensis

(Address) Marlborough Apts. 3 C.

18. BURIAL, ~~CREMATION OR REMOVAL~~

Place Oheb Shalom Date Nov. 15 1932

19. UNDERTAKER Ward Sondheimer Son

(Address) 1902 Eutaw Place

20. FILED NOV 15 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1923 to Nov 12 1932

I last saw h[illegible] alive on June 9 1932 Death is said to have occurred on the date stated above, at 6[illegible] A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 13 1932
Other contributory causes of importance:	
Angina Pectoris	1923
Hypertension	1923
Arteriosclerosis Symptoms	1923

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Give statement of OCCUPATION in very important. See instructions on back of certificate.

E 84451 — 500 Blks.

E 84451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 W. North Ave ST.) (WARD) 15-68

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr. Sarah K. Antony

(a) RESIDENCE NO. 2500 W North Ave ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 26-1880

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	1	16/17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Deaconess 65

(b) General nature of industry, business, or establishment in which employed (or employer) Lutheran Church

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harrisburg Pa

PARENTS

10 NAME OF FATHER A. Antony

11 BIRTHPLACE OF FATHER (city or town) (State or country) Harrisburg Pa

12 MAIDEN NAME OF MOTHER Sophia ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Harrisburg Pa

14 Informant Rev F. A. Gift

(Address) 2500 W. North Ave

15 Filed — 14 1932 — 20 Huntington Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-12-32

17 I HEREBY CERTIFY, That I attended deceased from 5/20/ 1931, to 11/12/ 1932

that I last saw h alive on 11/11/ 1932

and that death occurred, on the date stated above, at 2 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma (rectum)
(ovn)

(duration) 1 yrs. 5 mos. 24 ds.

CONTRIBUTORY (Secondary) Cachexia - toxaemia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Oper.

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) George A Barnden, M. D.

11/13/ 1932 (Address) 517 E North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery — DATE OF BURIAL 11/14/ 1932

20 UNDERTAKER Wallace Custer Sons — ADDRESS W. Baltimore

M. D. H. 1268-9

84452 E 84452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp (St.) 15-22 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Brown
(a) Residence: No. 324 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Chas. Brown
6. DATE OF BIRTH (month, day, year): 1896 - Jan 22
7. AGE: Years 36 | Months 9 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Wm R. Johnson
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Victoria Lewis
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Chas. Brown 324 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Zion Cemetery Date: 11/4/32. 1932

19. UNDERTAKER (Address): Gerald A. Gaddis 1618 Mc Culloh St

20. FILED: NOV 4 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 1 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 Days

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Levitt M. D.
Coroner
(Address) Bronx

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84453 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84453

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2003 Cheston Ave St. 15-67 Ward

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Cooper

(a) Residence: No. 2003 Cheston Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Clark Cooper

6. DATE OF BIRTH (month, day, year) Sept 21, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	1	15/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME August Hillebrand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret J. Reithman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Geo. C. Cooper

(Address) 2003 Cheston Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Nov 15 32

19. UNDERTAKER Wm. Pickuer Sons

(Address) north & Fremont

20. FILED NOV 17 1932 By ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1932, to Nov 12, 1932

I last saw h... alive on Nov 11, 1932. Death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cerebral Hemorrhage (C)	Nov 12 '32
Hypertension	

Other contributory causes of importance: Arterio Sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. H. 1268-9

E 84454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V + 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-36 Ward)

Length of residence in city or town where death occurred 6 yrs. 3 mos. ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Howard E. Saumenig

(a) Residence: No. 203 Reisterstown, Md. Ward. Reisterstown, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Saumenig

6. DATE OF BIRTH (month, day, year) Apr. 20, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
59	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bello. Md

FATHER

13. NAME Henry W. Saumenig

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Saumenig

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rosa Lee Saumenig

(Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 14 1932

19. UNDERTAKER Wm. J. Tschudy & Son

(Address) Baltimore, Md.

NOV 14 1932

(Signature) Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1932 to Nov. 12, 1932

I last saw him alive on Nov. 11, 1932 Death is said to have occurred on the date stated above, at 7:04 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	7/32
Cause Unknown	Nov 32
Other contributory causes of importance:	
Cachexia	1931
Bronchial pneumonia	11/10/32

Name of operation Bronchoscopy Date of 10/19/32 & 11/8/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. M. C. Currie, M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-b

E 84455 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84455

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH Union Mem. Hospital

CITY OF BALTIMORE: (No. ..... St. 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lucien B. Mayo

(a) Residence: No. 103 W. 39th St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wyndham P. Mayo

6. DATE OF BIRTH (month, day, year) November 24, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Stephen Samuel

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Fanny Lewis

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs. Miles White Jr.

(Address): 4103 Kenmore Road

18. BURIAL, CREMATION, OR REMOVAL: Place Garrison Forest Date Dec 14, 1932

19. UNDERTAKER: Henry W. Jenkins Son & Co.

(Address): McCulloh & Richards Sts.

SIGNED: ... 19... Registrar.

DEC 14 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932, to Nov. 12, 1932

I last saw h.r alive on Nov. 12, 1932 Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Other contributory causes of importance: Bronchopneumonia	11, 9, 32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. H. Wiemhardt M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—1 F.S.—500 Bks.

E 84456

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 8445[illegible]

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 31 N Central Ave ST., 5-8 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Christian Wm Upthoff

(a) RESIDENCE NO. 31 N. Central Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Upthoff

6 DATE OF BIRTH (month, day, and year) Apr. 2, 1850

7 AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
82	7	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) 015

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Fred Blume

(Address) 31 N Central Ave

15 Filed Nov 14 1932, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 11-1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932, to Nov 11, 1932

that I last saw him alive on Nov 11 1932

and that death occurred, on the date stated above, at 1145 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Myocarditis Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) C. H. Koury, M. D.

, 19 (Address) 1812 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emanuel Cem

DATE OF BURIAL 11/15 1932

20 UNDERTAKER Louis Steuart

ADDRESS 32 S Broadway

Important. See instructions on back of certificates.

A&Co. 5-31 250B

84457

HEALTH DEPARTMENT CITY OF BALTIMORE

84457

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore General Hospital St., ... Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? 11 yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Governman

(a) Residence: No. 1700 Braddish Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (?)

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abe Governman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ettie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis Inc
(Address) 1439 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Henry Sinai Date 11-14-32 19....

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

20. FILED NOV 14 1932 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 7, 1932, to November 13, 1932

I last saw her alive on November 13 1932 death is said to have occurred on the date stated above, at 12 35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	11/4/32 (?)
Bronchopneumonia	11/7/32 (?)
Uremia	

Other contributory causes of importance:

Arteriosclerosis	?
Arteriosclerotic Cardio-Vascular Disease (?)	?

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner M. D.

(Address) West Baltimore General Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 84458

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 84458

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., ... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Sonia Silverstein

(a) Residence: No. 1530 N. Athelton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Asher Kushniff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Naomi

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Tillie Goetz - Daughter

(Address) 1530 N. Athelton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 11-14-32, 19

19. UNDERTAKER Jack Levin Inc

(Address) 1433 E. Baltimore St

20. FILED NOV 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1932 to Nov 13, 1932

I last saw h[illegible] alive on Nov 13, 1932 Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebrous Sinus Thrombosis — Date of onset 11-11-32

Other contributory causes of importance:

Cirrhosis of Liver

Bronco-pneumonia

Name of operation none Date of

What test confirmed diagnosis? Clinical Symptoms, there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) [illegible] M. D.

(Address) Sinai Hosp.

A&Co. 5-31-2508

84459

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84459

CERTIFICATE OF DEATH

93-003

Registered No. 25-13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St. ..... Ward)

Length of residence in city or town where death occurred 8 yrs. 8 mos. 22 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest B. Smith

(a) Residence: No. ... St., ... Ward. Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | Portuguese | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22 1869

7. AGE: Years 63 ~~68~~ | Months 9 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Peter Smith

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) No Relatives Mt Hope Retreat.

18. BURIAL, CREMATION, OR REMOVAL Place Norfolk Va Date Nov 16 1932

19. UNDERTAKER (Address) Stewart Memorial Rosemont Ave.

FILED ... 19 ... Registrar

OV 14 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924 to Nov 13, 1932

I last saw him alive on Nov. 12 1932 death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	Unknown
Cerebral Hemorrhage	2 days

Other contributory causes of importance:

Pulmonary Edema
Partial Hemiplegia

Name of operation None Date of ...

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so specify. ...

(Signed) William P. Hill M. D.

(Address) Mt Hope Retreat

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84460 E 84460

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 19-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Lena Salisbury.

(a) Residence: No. 33 W. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. | 4. Color or Race Col'd | 5. Single, Married, Widowed, or Divorced (write the word). Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John.

6. DATE OF BIRTH (month, day, year) 1899

7. AGE: Years 33 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME John Gardner

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Hester Tunzey

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT John W. Salisbury
(Address) 33 W. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-14 32

19. UNDERTAKER Daniel Easton
(Address) 946 Lexington

20. FILED NOV 14 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10th 32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to Nov 10 19 32

I last saw h.... alive on ..... 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Leon Corner, M. D.

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1248-A

E 84461

HEALTH DEPARTMENT—CITY OF BALTIMORE 84461

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. 46

CITY OF BALTIMORE: (No. 2500) St. (Ward 20-37)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Harris

(a) Residence: No. 1817 Vine st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura Harris

6. DATE OF BIRTH (month, day, year) July 15, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Harris

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Nelson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 14th 1932

19. UNDERTAKER A. Jones

(Address) 1117 E. Lexington st.

20. FILED NOV 14 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1932, to November 9, 1932

I last saw him alive on November 9, 1932 Death is said to have occurred on the date stated above, at 10.10 m a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the stomach with metastases to the parietal pleura.	9 weeks (?)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Maurice L. Foscue, M. D.

(Address) Baltimore City Hospitals

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

84462 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84462

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward) Registered No. 127-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Beatrice Kunkel

1a) Residence: No. 2408 Brambleton Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9-1900

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	32	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles E. Bunkel

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Eva Johnson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Walter Nelson Cox
(Address) 2408 Brambleton Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 15 1932

19. UNDERTAKER George J. Smith
(Address) 1128 W. Baltimore St

FILED Nov 14 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	11/11/32

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-11 ... 19..
Where did injury occur? Brookville Turn.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public
Manner of injury Fell from auto-4-way turn
Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
Coroner
(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84463 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84463

CERTIFICATE OF DEATH

Maynard

48

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Maynard

(a) Residence: No. 1422 Park ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cem Date Nov. 15, 1932

19. UNDERTAKER John D. Lentz & Sons (Address) Baltimore

20. FILED NOV 14 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1932, to 11-12, 1932

I last saw h... alive on 11-12, 1932 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix	?

Other contributory causes of importance:

Bronchopneumonia	11-10-32

Name of operation None Date of ...

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ellen Bruce Shafer, M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

1-30—M & T—100 B—50L

E 84464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84464

CERTIFICATE OF DEATH

V 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 27-46 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles N. Crowder

(a) RESIDENCE NO. 317 Thorndale Rd ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alice G. Crowder

6 DATE OF BIRTH (month, day, and year) July 7 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Manager 5 & 10
(b) General nature of industry, business, or establishment in which employed (or employer) Woolworth Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Alexander Crowder

11 BIRTHPLACE OF FATHER (city or town) (State or country) Penn.

12 MAIDEN NAME OF MOTHER Debora Warfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co.

14 Informant Alice G. Crowder

(Address) 317 Thorndale Rd

15 Filed NOV 14 1932 Huntington Murrell, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage (duration) yrs. mos. 1 hr. ds.

18 Where was disease contracted if not at place of death? Mercy Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

1932 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemy. DATE OF BURIAL Nov 14 1932

20 UNDERTAKER Wm. O. Mitchell & Sons ADDRESS 1300 Eutaw St

NOV 14 1932

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 11—501.

84465

E 84465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. 24-33

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Cross St. Market. ST. WARD)

2-FULL NAME Katherine Johnson.

(a) RESIDENCE NO 1208 Riverside Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Johnson.

6 DATE OF BIRTH (month, day, and year) July 1, 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	8 11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Henry Lockman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Samuel Johnson. (husband)

(Address) 1208 Riverside Ave.

15 Filed NOV 14 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 12, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 12

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

11/14/32 19 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cem. DATE OF BURIAL 11-15 1932

20 UNDERTAKER E & B Harle 115 E ADDRESS West St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 14 1932

E 84466

E 84466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Gee

(a) Residence: No. 1537 Gold St (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Gee

6. DATE OF BIRTH (month, day, year) April 10-1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmville Va

FATHER

13. NAME Freedom Gee

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maud ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jennie Gee (Address) 1537 Gold St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Nov. 14, 1932

19. UNDERTAKER Mrs Katie R Williams (Address) 322 N Johnson St.

(Registered)

NOV 14 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1932 to Nov 11, 1932

I last saw him alive on Nov 11, 1932 Death is said to have occurred on the date stated above, at 1 01 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	?
Other contributory causes of importance: Bronchopneumonia	?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T R Magee, M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 84467

E 84467

178-002

E 84467 30-40 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24-34

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 E. Randall St. ST., ... WARD)

2-FULL NAME William H. Webster

(a) RESIDENCE NO. 204 E. Randall St. ST., ... WARD .....

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 10 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) January 11, 1918.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	10	5 3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John J. Webster

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Winnie E. Shipley.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant John J. Webster. (father)
(Address) 204 E. Randall St.

15 Filed ..... 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 14, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy and inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Status Lymphaticus, Acute dilatation of the heart while being administered Chloroform
(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Accidental Death (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? In prison for rape

Did an operation precede death? No. Date of

Was there an autopsy? Yes.

What test confirmed diagnosis? Autopsy & inquest

(Signed) Otto H. Leinhardt Coroner, M. D.

19 11/14/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 11/16/32 19

ADDRESS 318 Eagle

20 UNDERTAKER J. E. Baker Sons

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84468 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84468

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Bailey

(a) Residence: No. 716 E. Fort ave. (Usual place of abode) St., ... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Oct. 28, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William Bailey

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Endora ?

16. BIRTHPLACE (city or town) Maryland ? (State or country)

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place ..... Date 11-14-32 19

19. UNDERTAKER ..... (Address) ..... Registrar.

20. FILED 11-14-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932 to Nov. 12, 1932

I last saw him alive on Nov. 12, 1932 Death is said to have occurred on the date stated above, at 9.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumothorax	11/12/32
Bronchopneumonia	10/28/32

Other contributory causes of Importance:

Emphysema	unk

Name of operation ..... Date of 0/0

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Bennett A. Stacy, M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 84469

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84469

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Maryland St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bertha Mills

(a) Residence: No. ? Boyd St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Mills

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57 Est 58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Elkridge, Md
(State or country)

FATHER

13. NAME Richard Waters

14. BIRTHPLACE (city or town) Elkridge, Md
(State or country)

MOTHER

15. MAIDEN NAME Nancy Davis

16. BIRTHPLACE (city or town) Frederick Co. Md
(State or country)

17. INFORMANT Records Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cem. Date Nov. 14 1932

19. UNDERTAKER Joseph A Lively

(Address) 409 N Mount St

20. FILED Nov 14 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-3 1932 to 11-12 1932

I last saw h[illegible] alive on 11-12 1932 Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess left side of jaw	10-6-32
	11-11-32

Other contributory causes of importance:

Thrombosis superior longitudinal sinus and communicating veins.

Name of operation Drainage of abscess Date of 11-11-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

11-12-32 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84470

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84470

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Emmanuel Hospital

CITY OF BALTIMORE: (No. Cumberland & Linwood Sts 28-71 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vincent J. Demarco

(a) Residence: 1442 Chapel Gate Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Demarco

6. DATE OF BIRTH (month, day, year) Oct 30th 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51.	-	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Demarco

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Geppi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Wife (Maud Demarco)

(Address) 1442 Chapel Gate Rd

18. BURIAL, CREMATION, OR REMOVAL.

Place Lorraine Cem. Date 11/15/32

19. UNDERTAKER Frank V. Pipitone

(Address) 241 E. Baltimore St

20. FILED 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12- , 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-7- , 1932 to 11-12- , 1932

I last saw him alive on 11-12- , 1932 Death is said to have occurred on the date stated above, at 6.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Pneumonia	11-8-32

Other contributory causes of importance:

Cholecystectomy & Appendectomy

Name of operation Cholecystectomy & Appendectomy Date of 11-7-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify ...

(Signed) S. Demarco Jr. , M. D.

(Address) Emmanuel Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 84471 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84471

Teresa Czyzia

161-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 S Decker Apt 1 St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Teresa Czyzia

(3) Residence: No. 1214 S Decker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Nov 11, 32

7. AGE: Years | Months | Days: 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James Czyzia

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Frances Osrda

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: James Czyzia

(Address) 1214 S Decker

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov. 14th 1932

19. UNDERTAKER: Clifford D. Trafcroft Inc

(Address) 1000 S. Kenwood Ave

20. FILED Nov 14 1932 Huntington Trafcroft, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932 to Nov 14, 1932

I last saw her alive on Nov 13, 1932 Death is said to have occurred on the date stated above at 8 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Atelectasis	Nov 14 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) William J. Bauer M. D.

(Address) 806 S. Kenwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84472 E 84472

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. #1911 W. Franklin St. 20-27 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Scott.

(a) Residence: No. #1911 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie E. Shaw Scott.

6. DATE OF BIRTH (month, day, year) Sept 25 1885.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME John Scott.

14. BIRTHPLACE (city or town) (State or country) Richmond, Va

MOTHER

15. MAIDEN NAME Maria Booth.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Katie E. Scott.
(Address) 1911 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn. Date 11/15/1932.

19. UNDERTAKER John T Howard & Son.
(Address) 901 Pennsylvania Ave

NOV 14 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12-, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932, to Nov 12, 1932

I last saw him alive on Nov 11th 1932 death is said to have occurred on the date stated above, at 9:15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus general Metastasis Liver, Skin etc	

Other contributory causes of importance:

Asthenia

Name of operation Gastrostomy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Benj McAleer, M. D.

(Address) 400 N Payson

Information should be given in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84473

Registered No. 16 9 mee

1. PLACE OF DEATH Baltimore City Hospitals 93-63

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 16-3793 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F Murray

(a) Residence: No. Balto City Hosp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — BUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Enamel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Louisiana

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Nov 14, 1932

19. UNDERTAKER

(Address)

NOV 14 1932

Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from [redacted] 2-23 1932 to 11-1 1932

I last saw him alive on 11-1, 1932. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Arterio-sclerotic	2-16-32
Other contributory causes of importance: Acute Myocard. Insuff	10-31-32
Hypostatic Pneumonia	11-1-32

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

11-1-32 (Signed) Elmer Leslie Brightwell M. D.

(Address) Balto City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 84474

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84474

CERTIFICATE OF DEATH

87-001

Registered No. .....

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave St.) 20-71 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Vincent E. Donnelly

(a) Residence: No. 236 Loudon Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19th 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Peter E. Donnelly

14. BIRTHPLACE (city or town) (State or country) Baltimore Md. Ireland

MOTHER

15. MAIDEN NAME Elizabeth Clarke

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Sister) Mrs Belle Goe
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov. 15, 1932

19. UNDERTAKER Lilly & Zeile Inc
(Address) 1031 Park Ave

20. FILED NOV 14 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-10, 1932 to 11-11, 1932

I last saw him alive on 11-11, 1932. Death is said to have occurred on the date stated above, at 7.35 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other **contributory causes** of importance:

Name of operation Cranial exploratory Date of 11-10-32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so specify .....

(Signed) George Gonzales, M. D.

(Address) St Agnes Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B.-1268-9

Johnson

E 84475 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84475

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 15-137 Ward)

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lafayette Johnson

(a) Residence: No. 1354 N. Stricker St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Johnson

6. DATE OF BIRTH (month, day, year) Aug 15 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	52	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt. Jackson W. Va.

FATHER

13. NAME John Johnson ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Blano

16. BIRTHPLACE (city or town) (State or country) West Va.

17. INFORMANT Patient

(Address) Mrs. Ruth E. Edwards, sister

18. BURIAL, CREMATION, OR REMOVAL mm Gun 11/15/32

Place University of M. Date Nov 14, 1932

19. UNDERTAKER Commissioner Health.

(Address)

20. FILED 11-14-1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/27, 1932, to 11/11, 1932

I last saw h/AA alive on 11/11/32, 1932. Death is said to have occurred on the date stated above, at 6-1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar Upper Left	

Other contributory causes of importance:

Uremia

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bruce Schaffer M. D.

(Address) Bureau City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 84476

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84476

159

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~1429~~ 2229 East St. 1-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Daughter A. Higginbotham

(a) RESIDENCE No. 2229 East St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	N	S

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 29 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	E		15/4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER John Higginbotham

11 BIRTHPLACE OF FATHER (city or town) (State or country) Georgia

12 MAIDEN NAME OF MOTHER Sarah Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant [redacted] Mrs. Higginbotham

(Address) 2229 East St

15 Filed Huntington Williams Registrar

NOV 14 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/14/32

17

I HEREBY CERTIFY, That I attended deceased from 10/29, 1932, to 11/14/32, 19....,

that I last saw him alive on 11/13/32, 19....,

and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Prematurely

Premature Infant Wt. 4 lbs 4 oz

(duration) .... yrs. .... mos .... ds.

CONTRIBUTORY (Secondary) ....

.... (duration) .... yrs. .... mos. .... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Maud D. Sievers M. D.

, 1932 (Address) 716 S Patterson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem

DATE OF BURIAL 11/15/32

20 UNDERTAKER J. J. Fahey & Sons

ADDRESS 318 N Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 84477 HEALTH DEPARTMENT--CITY OF BALTIMORE

E 84477

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Baltimore City Hospitals (Th~~e~~) 5-9

CITY OF BALTIMORE: (No. ..... St., ... (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Ellis

(a) Residence: No. 48 N. Caroline st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Ellis

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wierton
(State or country) West Virginia

FATHER

13. NAME Handy Price

14. BIRTHPLACE (city or town)
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 14 1932

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19..... Registrar.

NOV 14 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1932 to Nov. 2 1932

I last saw her alive on Nov. 2 1932 Death is said to have occurred on the date stated above, at 12.45 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease, Arteriosclerotic	April '32
Arteriosclerosis, general	Unk.
Hypertension	Unk.
Pulmonary tuberculosis.	Sept, 1932

Other contributory causes of importance:

Uremia	Unknown
Nephritis, -	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Kenneth A. Evers, M. D.

(Address) Baltimore City Hospitals

Information necessary to complete and classify this certificate must be obtained from the family or other persons. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 84478 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84478

186-0

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 27-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bruce Hildrich

(a) Residence: No. 2500 Kilborne Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Hildrich

6. DATE OF BIRTH (month, day, year) Aug 4 or 5 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	77		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Maurice Pritchard Son

(Address) 3204 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL 11/18/32

Place Emanuel Cem. Date Nov 19, 1932

19. UNDERTAKER Chas. Henry Sons 1016 Orleans St.

(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	

Other contributory causes of importance:

Accidental Fracture of L. Femur	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No ... 19 ...

Where did injury occur? 2400 Block Druid Hill Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fract of Femur

Nature of injury Fall on Ice.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) F. Peterson M. D. Coroner

(Address) 2055 E Fallsway City

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3-21-1932

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84479 E 84479

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Baltimore, Md St. ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Parsons

(a) Residence: No. 2 Frederick St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Feb. 18, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Cortline Ohio

FATHER

13. NAME Samuel Parsons

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Eliz McGee

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Nov 14 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED NOV 14 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1932 to 11-12 1932

I last saw him alive on 11-12 1932 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-12-32

Other contributory causes of importance:

Arteriosclerosis	Unknown
Chol. Lithiasis & Cholelithiasis	11-1-31

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

11-14-32 (Signed) Elmer Hirshberg M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84480 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84480

CERTIFICATE OF DEATH

Registered No. 157-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1143 N. Mount St. Ward 16-22

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long In U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen L. Jones

(a) Residence: No. 1143 N. Mount St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Oct 18 [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Leo Washington

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ella Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Jones
(Address) 1143 N. Mount

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Mar Date Nov 14, 19 32
Bur Health.

19. UNDERTAKER
(Address)

[illegible] Huntington Williams, M.D.
Registrar.

NOV 14 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis of Heart.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Feustel M. D.
Coroner

(Address) ...

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84481 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84481

72-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Weber

(a) Residence: No. Dexter Lane, Towson Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Emma Weber (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jacob Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Schultz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood. Date 11/16, 1932

19. UNDERTAKER Frederick Lassahn Son
(Address) 74 ~~Hilgate~~ Huntington Ave. Baltimore, Md.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1932 to 11/14, 1932

I last saw him alive on 11/14, 1932. Death is said to have occurred on the date stated above, at 3.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myeloid Leukemia	1 yr.
Other contributory causes of importance:	
Chronic Myocarditis	1 yr
Cardiac Decompensation	2

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. W. Gordon, M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 14 1932

Spec.—1-12-23—M&T—500 Bks.

E 84482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84482

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Cecil St., 44 Ward)

2-FULL NAME Mrs Lula Gertrude Thornton

(a) RESIDENCE NO. 2603 Cecil ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Roderick M. Thornton

6 DATE OF BIRTH (month, day, and year): Sept. 24, 1888

7 AGE: Years 44 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): at Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ga.

PARENTS

10 NAME OF FATHER: Henry Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ga.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ga.

14 Informant (Address): Roderick M. Thornton 2603 Cecil Ave

15 Filed NOV 14 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 14, 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1932, to November 14, 1932, that I last saw her alive on November 14, 1932, and that death occurred, on the date stated above, at 4.45 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) Chas W. Edmunds, M. D.

, 19 (Address) 2746 Alameda Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral Cemetery — DATE OF BURIAL: Nov. 18 1932

20 UNDERTAKER: Edmund W. Franklin — ADDRESS: 1245 E. Eager St.

NOV 14 1932

N.B.—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE MUST BE FILLED OUT EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 2268-9

E 84483

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84483

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 St Paul St. 11-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Freund

(a) Residence: No. 1307 St Paul St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Henrietta Freund

6. DATE OF BIRTH. (month, day, year) Nov 10th 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Architect

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sell 046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME John Paul Freund

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Mary Hotter

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Henrietta Freund

(Address) 1307 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov 16th 1932

19. UNDERTAKER John Cook

(Address) 1217 St Paul St

Funeral Director

20. FILED NOV 14 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Nov 14, 1932

I last saw him alive on Nov 12, 1932. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Cassard M. D.

(Address) 514 Drury Lane

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 E 84484

Registered No. .....

(If death occurred in a hospital ur institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7-13 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Schiesler

(a) Residence: No. 2028 E Eager St., ... Ward.
(Usual place of abode) (If non-resident give rity or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/30/31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Earl Schiesler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Evelyn Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 15 19 32

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED NOV 14 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932 to Nov 13, 1932

I last saw her alive on Nov 13, 1932 Death is said to have occurred on the date stated above, at 10:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Otitis Media	14 days
Rheumatic Endocarditis	14 days
Pulmonal Tuberculosis	5 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Allan Ross, M. D.

(Address) J H H

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 84485

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2408 Fait Ave St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel C. Westinghouse

(a) Residence: No. 2408 Fait Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Paul Westinghouse

6. DATE OF BIRTH (month, day, year) Nov 20th 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wilbur H. Siebert

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Barbara C. Kluigelhoefer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Barbara C. Siebert
(Address) 2408 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date Nov 15th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Huntington Williams, M.D.
Registrar.

NOV 14 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1305 N Patterson Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84486

CERTIFICATE OF DEATH

92-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Frederick av St. 70-64 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanora P. Linder

(a) Residence: No. 2811 Frederick av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry H Linder

6. DATE OF BIRTH (month, day, year) Jan 22 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Conrad Dimling

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Justina Lang

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Miss Bertha Dimling
(Address) 2811 Frederick Road

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 16. 1932

19. UNDERTAKER Wilson Cook
(Address) 1213 W Lombard Street

Huntington Williams Nov 16 1932
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14 1932

22. I HEREBY CERTIFY, That I attended deceased from October 22 1932 to Nov 14 1932

I last saw her alive on Nov 14 1932 Death is said to have occurred on the date stated above, at 3.30 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Several Years
Other **contributory causes** of importance:	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Marshall E. Smith M. D.

(Address) Arnold Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 14 1932

M. D. R. 1265-9

CAVERLY

E 84487 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84487

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals 27-54 45 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Caverly

(a) Residence: No. 5509 Matfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of AQUILLIAN CAVERLY

6. DATE OF BIRTH (month, day, year) Sept 21-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Newburg ~~[illegible]~~ N.Y.

FATHER

13. NAME Peter Caverly

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Shrewsbury, Pa. Date Nov. 16, 1932

19. UNDERTAKER Horace H. Burgee
(Address) 3631 Falls Road
Huntington Williams Md
Registered.

20. [illegible]

NOV 14 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-13, 1932 to 11-13, 1932

I last saw h[illegible] alive on 11-13, 1932. Death is said to have occurred on the date stated above, at 10[illegible] P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Lower Lip & Regional Metastases	1930
Other contributory causes of importance: Bronchopneumonia	11-11-32

Name of operation Ligation Carotid Artery Date of 11-8-32

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Allen Bruce Lilgatter M. D.

(Address) Balto City Hospitals

INFORMATION SHOULD BE CAREFULLY SUPPLIED. Any [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 84488 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84488

CERTIFICATE OF DEATH.

93-004

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2519 E. Chase Street ST.) 8-12 WARD)

2-FULL NAME Katharina Mc Comas

(a) RESIDENCE NO. 2519 E. Chase Street ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard W Mc Comas

6 DATE OF BIRTH (month, day, and year) March 11, 1889

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	7	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) France

PARENTS

10 NAME OF FATHER John Herckes

11 BIRTHPLACE OF FATHER (city or town) (State or country) France

12 MAIDEN NAME OF MOTHER Katharina (unknown)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) France

14 Informant Howard W. Mc Comas

(Address) 2519 E. Chase Street

15 Received NOV 14 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13-32

17

I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932, to Nov 13, 1932, that I last saw h. alive on Nov 12, 1932, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alma B Pennan M. D.

(Address) 717 N Fallsway Bltc

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL Nov. 16, 1932

20 UNDERTAKER George J Pfeltz Son

ADDRESS 1130 Hoff

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- TION is very important. See instructions on back of certificates.

Spec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84489

CERTIFICATE OF DEATH.

122-001

E 84489

1-PLACE OF DEATH

City of BALTIMORE: (No. 3553-Greenmount Ave. St., 9-47 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Russell Montgomery

(a) RESIDENCE NO. 3553-Greenmount Ave. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Margaret Ellen (Holbrook)

6 DATE OF BIRTH (month, day, and year) 1/15/1849

7 AGE: Years 83 | Months 9 | Days 29 | IF LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk-Western 09

(b) General nature of industry, business, or establishment in which employed (or employer) National Bank

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, Md.

(State or country)

PARENTS

10 NAME OF FATHER Thomas Montgomery

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Maryland.

12 MAIDEN NAME OF MOTHER Hannah (?)

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Maryland.

14 Informant Miss M. Montgomery

(Address) 3553-Greenmount Ave.

15 Filed 16 Registrar

V 14 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 11, 1932

17 I HEREBY CERTIFY, That I attended deceased from March 10 1931 to November 11, 1932

that I last saw h... alive on November 11, 1932

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation
Substernal Obstruction

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Incarcerated Hernia

(duration) yrs. mos. 3 ds.

Is Where was disease contracted? —

If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Chas. A. Hooper, M. D.

(Address) 4704 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Cathedral — Date of Burial 11/17/32

20 UNDERTAKER: George J. Butler Inc. — ADDRESS 1739 Harford

Huntington Williams, M.D.

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Blks.

E 84490

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84490

139-002

CERTIFICATE OF DEATH

REGISTERED NO. 15-67

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. ST., 1 WARD)

2—FULL NAME Florence Estelle Elder
Mrs. Florence Elder

(a) RESIDENCE NO. 3210 Liberty Heights Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William M. Elder
m. William Elder

6 DATE OF BIRTH (month, day, and year): May 15, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	5	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Robert Rumney

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Agnis Wigley

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Wm. M. Elder
(Address): 3210 Liberty Heights Ave

15 Filed: NOV 15 1932 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): November 13, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1932, to Nov 13, 1932, that I last saw h.E.E. alive on Nov 13, 1932 and that death occurred, on the date stated above, at 12 00 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
Febrile attack

(duration) 12 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pat of pneumonia
Influenza (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 11/11/32

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) J. J. Chaney, M. D.

11/13, 1932 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cem	Nov. 15, 1932
20 UNDERTAKER: Robert J. Cook	ADDRESS: 603 N. Gilmor St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 15 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 84491

CERTIFICATE OF DEATH

84491

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Bolton St., 13-20 Ward)

Length of residence in city or town where death occurred About 54 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Margaret L. Simpson

(a) Residence: No. 2001 Bolton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) --------

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 54	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Not obtainable

14. BIRTHPLACE (city or town) Not obtainable
(State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) " "
(State or country) " "

17. INFORMANT Frank J. Murphy Jr.
(Address) South Road, Mt. Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 11/23 19 32

19. UNDERTAKER Henry H. Mears and Son
(Address) 409 W. Lexington St.

20. FILED NOV 15 1932 Hampton Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 19 32

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st 1932 to Nov. 13th 1932

I last saw h[illegible] alive on Nov. 13 1932 Death is said to have occurred on the date stated above, at 1.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyogenic Colitis Cardiac Hypertrophy	2 years
Colitis Pyogenic	2 years

Other contributory causes of importance:

Left Hemiplegia
Complete Paralysis of Right Side
Organic Murmur of Cardiac Left Ventricle

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howard C. Silver M. D.

(Address) 3706 Liberty Heights Ave

N. B.—WRITE PLAINLY, with unfading ink. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 84492

Spec. 1-30—M. & T.—250 Blks.

E 84492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1362 N. Calhoun ST., 15-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Blanchard

(a) RESIDENCE No. 1362 N. Calhoun ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Virginia Blanchard

6 DATE OF BIRTH (month, day, and year): Oct 11th 1908

7 AGE — Years: 24 — Months: 1 — Days: 1 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto, Md

PARENTS

10 NAME OF FATHER: Ernest Blanchard

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Mary Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mary Smith

(Address): 1362 N. Calhoun St

15 Filed: NOV 15 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 12th 1932

17

I HEREBY CERTIFY, That I attended deceased from Nov 8th 1932 to Nov 12th 1932

that I last saw him alive on Nov 12th 1932

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Acute Lobar-Pneumonia

(duration) — yrs. — mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Harry F. Brown, M. D.

11-14 1932 (Address) 1916 Penna ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Ft Auburn — DATE OF BURIAL: Nov 15 1932

20 UNDERTAKER: Samuel W. Chase Son — ADDRESS: 1387 Fulton

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks.

E 84493

E 84493 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2003 Harlem Ave (St.) 16-27 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Minnie Elizabeth Watts

(a) RESIDENCE NO. 2003 Harlem Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: W.

5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry L Watts

6 DATE OF BIRTH (month, day, and year): Dec 9-1884

7 AGE: Years 47 | Months 11 | Days 5 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Henry F. Willey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Alice Ray

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Md.

14 Informant (Address): Harry L Watts 2003 Harlem Ave

15 Filed NOV 15 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-14-1932

17 I HEREBY CERTIFY, That I attended deceased from 11-13, 1932, to 11-14, 1932, that I last saw h[illegible] alive on 11-14, 1932, and that death occurred, on the date stated above, at 6.20 a. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Stomach

(duration) yrs. mos. 15 days

CONTRIBUTORY (Secondary) Acute Gastritis

(duration) yrs. mos. 4 days

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinically

(Signed) H. K. O'Neill M. D.

11/14/32 (Address) 2757 W. Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park | DATE OF BURIAL: Nov 16 1932

20 UNDERTAKER: Leonard Glore | ADDRESS: 2224 Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should state information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be properly classified.

E 84494

Spec—12-23-21—E.B.R.S.—400 Bks.

E 84494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 4656 Park Heights Ave. St., 27-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. William P. Fisher

(a) Residence No. 4656 Park Heights Ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX.	4-COLOR OR RACE.	5-Single, Married, Widowed, or Divorced, (Write the word.)
Male	White	Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Fisher

6-DATE OF BIRTH (month, day and year) Feb 2, 1862

7-AGE.	If LESS than 1 day.
70 yrs. 9 mos. 10 11 ds.	....hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Special police officer

(b) General nature of industry, business, or establishment in which employed (or employer)..... ob!

(c) Name of employer.....

9-BIRTHPLACE (city or town) (State or Country). Baltimore County Md.

PARENTS.

10-NAME OF FATHER. Molyneaux J. Fisher

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Leland

12-MAIDEN NAME OF MOTHER. Elizabeth Karney

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Leland.

14- (Informant) Catherine Fisher

(Address) 4656 Park Heights Ave.

15-

Filed ..... 19.. ..... Registrar.

NOV 15 1932

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). Nov. 13, 1932

17- I HEREBY CERTIFY, That I attended deceased from February 20, 1930 to Nov. 13, 1932

that I last saw him alive on Nov. 13, 1932

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Mitral regurgitation

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?.....

Did an operation precede death? No Date of.....

Was there an autopsy? .....

What test confirmed diagnosis? Examination

(Signed) John D. Quinn M. D.

11-14, 1932 (Address) 1517 N. Fulton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL.	DATE OF BURIAL.
New Cathedral	11/16, 1932
20-UNDERTAKER.	ADDRESS
Harry H. Dintzbe	4101 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

84495

E 84495

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5015 Reisterstown Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Francis Carter

(a) Residence: No. 5015 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Carter

6. DATE OF BIRTH (month, day, year) Jan. 5 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centreville (State or country) Md.

FATHER

13. NAME John A. Hollingsworth

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Augusta Stevens

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Hester Ross

(Address) 904 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place Church Hill Cemetery Queen Anne Co. Md. Date 11/16/32

Via Tolchester Line

19. UNDERTAKER John F. Dennis

(Address) 715 Light St

20. FILED NOV 15 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1931 to Nov. 13th 1932

I last saw her alive on Nov. 13 1932. Death is said to have occurred on the date stated above, at 7.20 p.m.

The principal cause of death and related causes of importance were as follows:

Malignant Tumor of Pelvis (Papillo Cystoma of Both ovaries) — Date of onset July 1931

Other contributory causes of importance: Operated on Oct. 11 1931 Tumor of Ovaries Benign

Name of operation Vaginal Drainage Date of

What test confirmed diagnosis? Laboratory Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elbert G. Reitzel M. D.

(Address) 2245 Reisterstown Rd. Balto. Md.

E

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84496

84496 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 N. Spring 10-13 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan Young

(a) Residence: No. 711 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Moses Young

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~omestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0f c
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Wesley Johnson
14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Africa

17. INFORMANT Hezikiah Meade (Son)
(Address) 711 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 15 19 32

19. UNDERTAKER Lattie Gross
(Address) 1408 Ashland Av

20. FILED Huntington Williams, Registrar
NOV 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... about 11 P.M. 19. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	

Other contributory causes of importance:

Accidentally fell down 2nd floor stairs in home-laceration scalp, shock etc Oct 23/3

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 506 E Lanvale

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84497 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84497

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1801 W. Pratt St. 6-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Graff

(a) Residence: No. 416 N. Glover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Graff

6. DATE OF BIRTH (month, day, year) July 31 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Wimel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary - -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. A. Miller
(Address) 416 N. Glover St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Cem Date Nov 16 1932

19. UNDERTAKER Philip Sturm
(Address) 2116 Orleans St

20. FILED NOV 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1932 to Nov 15 1932

I last saw h[illegible] alive on Nov 12 1932 Death is said to have occurred on the date stated above, at 11 3/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

Other contributory causes of importance:

Organic dis heart	

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jas L. Hooper M. D.

(Address) 226 E. Monument St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84498

Silberzahn

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84498

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 26-41 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Silberzahn

(a) Residence: (No. 4311 E. Parkwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Mollie D. Silberzahn

6. DATE OF BIRTH (month, day, year) Sept. 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Philip Silberzahn

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Caroline

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Mollie D. Silberzahn
(Address) 4311 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date 11/17 19 3

19. UNDERTAKER Philip Herring & Co
(Address) 2016 Eutaw St

20. FILED NOV 15 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 19 32 to Nov 13 19 32

I last saw h[e] alive on Nov 13 19 32 Death is said to have occurred on the date stated above, at 2 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ascending with metastasis to liver	1931
Intestinal obstruction	4 wks

Other contributory causes of Importance:

Name of operation Colostomy Date of 9-17-32

What test confirmed diagnosis? Positive Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Kirt Traum M. D.

(Address) St Joseph's Hosp

E—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 84499 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84499

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Stirling St. 10-14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Howard

(a) Residence: No. 914 Stirling St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Howard

6. DATE OF BIRTH (month, day, year) Jan 2 1869

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
63		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Eastern (State or country) Md

FATHER

13. NAME Joseph Howard Sr.

14. BIRTHPLACE (city or town) ... (State or country) Ind

MOTHER

15. MAIDEN NAME Harriett Smith

16. BIRTHPLACE (city or town) ... (State or country) Md.

17. INFORMANT Harriett Howard (Address) 914 Stirling St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Olivet Cem Date 11-15 1932

19. UNDERTAKER Byron H. Mann Wright (Address) 1218 Eutaw St

20. FILED NOV 15 1932 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1932 to Nov 12 1932

I last saw him alive on Nov 11 1932 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	?
Contributory Liver Pathema	?

Other contributory causes of importance: ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Williams Huntington M. D.

(Address) 1124 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84500

E 84500

CERTIFICATE OF DEATH

93-003

REGISTERED NO. 27-422

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead on Arr. Mercy Hospital

CITY OF BALTIMORE: (No. Mercy Hospital ST., 27 WARD

2-FULL NAME Harry V. Baker

(a) RESIDENCE NO. 3906 Northern Parkway ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Baker

6 DATE OF BIRTH (month, day, and year) Aug 16 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Wilmington Del.

PARENTS

10 NAME OF FATHER Charles [illegible]

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilmington Del

12 MAIDEN NAME OF MOTHER Margaret Gibson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Wilmington Del

14 Informant Lillian M. Baker

(Address) 3906 Northern Pky

15 NOV 15 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to Hs death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation of heart (duration) one hr. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) James M Fenlon, M. D. Coroner

11/13 1932 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pikesville Cemetery — DATE OF BURIAL 11/15/32

UNDERTAKER F. B. Wagshal — ADDRESS 1303 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

84501 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84501

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 23

CITY OF BALTIMORE: (No. ..... St., 1[illegible]4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James West

(a) Residence: No. 932 Madison ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on truck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John West

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Lena Watts

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Pasley Va Date Nov 15, 1932

19. UNDERTAKER Samuel F. Keighley

(Address) 3811 Biddle St

[illegible] Huntington Ave Baltimore Md

NOV 15 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1932 to Nov. 14, 1932

I last saw him alive on Nov. 14, 1932 Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	9-20-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Steen M. D.

(Address) Baltimore City Hospitals

PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK. Information should be carefully supplied and ENTERED EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Blks. Berlezma Hooper

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84502

E 84502

CERTIFICATE OF DEATH. 82-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No. 520 Brown St. 17-16 WARD

2-FULL NAME Berlezma Hooper

(a) RESIDENCE No. 520 Brown St. ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. fifty mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Saml Hooper

6 DATE OF BIRTH (month, day, and year): 1866

7 AGE: Years 66 Months Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Janitress

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Jno Boyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eliza Duncan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant (Address): Saml Hooper 520 Brown St.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 14 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 1932 19 to Nov 14 1932.

that I last saw her alive on Nov 13 1932

and that death occurred, on the date stated above, at 1.45 A.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Rheumatism & High Blood Pr.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) H H Brennan, M. D.

19 (Address) 117 W Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 11/17/1932

20 UNDERTAKER: Jesse M Riddle — W. Bradley

ADDRESS 426

NOV 15 1932 Huntington Williams, Undertaker

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84503

CERTIFICATE OF DEATH

E 84503

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Johnson

(a) Residence: No. 104 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) May 25, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Johnson (?)

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Rod Cutler Date Nov 15. 19 32

19. UNDERTAKER [illegible] Huntington Williams, Inc.
(Address) [illegible]

[illegible] 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11. 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-3 1932 to 11-11. 1932

I last saw him alive on 11-11 1932 Death is said to have occurred on the date stated above, at 8 50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Hypertension	yrs ?
Chronic Nephritis	yrs ?
Other contributory causes of importance:	
Secondary Anemia	?

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. W. Burns M. D.

(Address) Mercy Hospital

NOV 15 1932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84504

E 84504

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 N Rose St. 6-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Keen

(a) Residence: No. 229 N Rose St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) ? 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Inmate Blind

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Geo. Brooks
(Address) 17 Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 11-16-1932

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Wilkins Sts. Huntington Williams, Md.

NOV 15 1932 R.B.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-7th, 1932 to 11-12, 1932

I last saw him alive on 11-12, 1932 death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/11/32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

11/13/32 (Signed) H. J. Tinker, M. D.
(Address) 119 N. Miller St.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 84505 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82 E 84505

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3507 Buena Vista Ave. (St.) 13 (Ward)

REGISTERED NO. 13-57

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME E. Stewart Frann

(a) RESIDENCE NO. 3507 Buena Vista Ave. ST. 13 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan. 28-1844

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	88	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

PARENTS

10 NAME OF FATHER Charles Frann

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant (Address) Arthur Frann 3620 Falls Road

15 Filed .19 Huntington for Williams, Wise R. C. H. Registrar

OV 15 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug. 1930., to Nov 14. 1932

that I last saw h er alive on Nov 12. 1932

and that death occurred, on the date stated above, at 6.30 P. m

The CAUSE OF DEATH* was as follows:

Cerebral Hem.

(duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis.

(duration) Many yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) A. Wood M. D.

11/15. 1932 (Address) 20 20th. Charles

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hampden — DATE OF BURIAL Nov. 16-1932

20 UNDERTAKER Horace F. Burgee — ADDRESS 3631 Falls Road

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84506

CERTIFICATE OF DEATH

E 84506

93-003
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 798 Grantley St. 16-67 Ward)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie L. Kiel

(a) Residence: No. 798 Grantley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, ~~wife of husband~~ (or) WIFE of Joseph A Kiel

6. DATE OF BIRTH (month, day, year) Aug 31-1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Syracuse New York

FATHER

13. NAME Arthur Hutchinson

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Sarah Meier

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Joseph A. Kiel
(Address) 798 Grantley St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11-16 32

19. UNDERTAKER H. Brauning Sons
(Address) 432 Poplar Grove St

20. FILED NOV 15 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20th 1932 to Nov 13th 1932

I last saw h..er alive on Nov 10th 1932 Death is said to have occurred on the date stated above, at 12-15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis	2 days
Chr. Myocarditis	Nov. 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jane Brown M. D.

(Address) 1663 W. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84507

CERTIFICATE OF DEATH

127 E 84507

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Annie Prager

(a) Residence: No. 1924-W. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H Prager

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME John Staub

14. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

MOTHER

15. MAIDEN NAME Cath. Codaris

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo Prager
(Address) 1924 W Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer 4-16 1932

19. UNDERTAKER H Brauning Sons
(Address) 1132 Eutaw St
Huntington Maryland, M.D.

20. Filed ..... 19 ..... C. of P. M. Registrar.

NOV 15 1932

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/9, 1932 to 11/13, 1932

I last saw h.. alive on 11/13 1932 death is said to have occurred on the date stated above, at 6:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	10/22/32
Other contributory causes of importance: Chr. Myocarditis. Senility Obesity	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Alden H. Chandler M. D.

(Address) Bon Secours Hosp

M. D. B. 1268-9

E 84508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 84508

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 408 S Exeter St. 3-5 Ward)
Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Mary Terracciano w Terracci
(a) Residence: No. 468 S Exeter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dominick Terracci

6. DATE OF BIRTH (month, day, year) Dec 5 1880

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	51	11	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... (State or country) Italy

FATHER
13. NAME Michel Terzeri
14. BIRTHPLACE (city or town) ... (State or country) Italy

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) ... (State or country) Italy

17. INFORMANT Dominick Terracci
(Address) 468 S. Exeter St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 17 1932

19. UNDERTAKER Marty J. E. Dippold Inc.
(Address) 32 E. Lexington St. Baltimore, Md.
19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1932 to Nov 14 1932
I last saw him alive on Nov 13 1932. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 years

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. R. L. Valentine M.D.
(Address) 14 S. 10 Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 15 1932

M. D. B. 1268-9

E 84509

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84509

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3722 Falls Road St.) (Ward 5)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mattie E. Harris

(a) Residence: No. 3722 Falls Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John E. Harris

6. DATE OF BIRTH (month, day, year) May 15, 1859

7. AGE Years	Months	Days 27	If LESS than 1 day, ... hrs. or ..... min.
73	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Charles Harris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Harris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jennie Lentz

(Address) 3722 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marys, Hampden Date Nov 17, 1932

19. UNDERTAKER Thompson Bros

(Address) 3615-17 Eastern Ave

20. FILED Huntington Williams, M.D. R. P. V.

NOV 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1932 to Nov 14, 1932

I last saw her alive on Nov 7, 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Nov 14, 32
Other contributory causes of importance: Carcinoma of Cervix uteri -	May 1932
Pulmonary Tbc	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Alma B Lennon, M. D.

(Address) 718 N. Fulton Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84510

CERTIFICATE OF DEATH

11-001

E 84510

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2036 E. 30th. ST., (WARD) 9-46

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John. W. Erdman.

(a) RESIDENCE NO. 2036 E. 30th ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White.	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Erdman.

6 DATE OF BIRTH (month, day, and year) Sept. 30 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	13.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman. 06

(b) General nature of industry, business, or establishment in which employed (or employer) Retired.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

PARENTS

10 NAME OF FATHER John. Erdman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Co Md.

12 MAIDEN NAME OF MOTHER Sarah. Burnbers.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Co Md.

14 Informant Margaret E. Erdman.

(Address) 2036 E 30 St.

15 Date received NOV 15 1932 Huntington, Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 13-32

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932, to Nov. 13, 1932, that I last saw h[illegible] alive on Nov. 13, 1932, and that death occurred, on the date stated above, at 5[10] P m.

The CAUSE OF DEATH* was as follows:

Lobar. Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Thos. Fa. Stevens, M. D.

11. 15. 1932 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cem

DATE OF BURIAL 11/16 1932

20 UNDERTAKER Leonard J Rent

ADDRESS Harford Rd

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every line must be filled. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

84511 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84511

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Woodland Ave. St. 27-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Marie Arnold

(a) Residence: No. 3022 Woodland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of John R. Arnold

6. DATE OF BIRTH (month, day, year) October 2, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Frank Rickert

14. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Elizabeth Gruber

16. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

17. INFORMANT Mr. John R. Arnold
(Address) 3022 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Nov. 16, 1932

19. UNDERTAKER Joseph B. Cook
(Address) 1003 W. Baltimore St.

20. FILED NOV 16 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1932 to Nov 13, 1932

I last saw h alive on Nov. 13, 1932 Death is said to have occurred on the date stated above, at 8.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	1

Other contributory causes of importance:
Chronic myocarditis
Cardiac hypertrophy
None

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. S. Jones, M. D.

(Address) 720 W. North Ave.

N. B.—WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 84512

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84512

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 White Ave. Hamilton St. 27-43 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret J. Norris

(a) Residence: No. 3117 White Ave., Hamilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James B. Norris

6. DATE OF BIRTH (month, day, year) August 29, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Esther Robinson

16. BIRTHPLACE (city or town) Belfast
(State or country) Ireland

17. INFORMANT Mr. L. M. Augustine
(Address) 3117 White Ave., Hamilton

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Nov. 16 1932

19. UNDERTAKER Geo. H. Cook
(Address) 1003 E. Baltimore St.

20. FILED NOV 16 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Nov 14 1932
I last saw her alive on Nov 14 1932 Death is said to have occurred on the date stated above, at 6.35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial hepatitis	8 months
Other contributory causes of importance:	
Arteriosclerosis	2 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. C. Cannon M. D.

(Address) 4509 Liberty Heights Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 84513 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84513

CERTIFICATE OF DEATH

146

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 E. Baltimore St., 70-64 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Della Virginia Cockrell

(a) Residence: No. 2131 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 21, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	11	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hat Trimmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. S. Levy Straw Hat Mfg.

10. Date deceased last worked at this occupation (month and year) Dec. 1931

11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (city or town) (State or country) Loudon County Virginia

FATHER

13. NAME James J. Cockrell

14. BIRTHPLACE (city or town) (State or country) Loudon County Virginia

MOTHER

15. MAIDEN NAME Annie Amelia Williams

16. BIRTHPLACE (city or town) (State or country) Loudon County Virginia

17. INFORMANT Mrs. Ella S. Appleby
(Address) 2131 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date November 17 32

19. UNDERTAKER Joseph S. Cook
(Address) 1003 E. Baltimore St.

NOV 16 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1932 to Nov. 14 1932
I last saw her alive on Nov. 14 1932 Death is said to have occurred on the date stated above, at 1.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas	Jan. 32
Chronic Hypertrophic Cirrhosis of Liver	2 years.
Other contributory causes of importance: Hemorrhage into Stomach	1 day
Edema of Lungs	1 day.

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify .....

(Signed) E. L. Baker M. D.

(Address) 516 Cathedral St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84514

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84514

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 N. Stricker St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Banks

(a) Residence: No. 216 N. Stricker St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fml

4. Color or Race: Colo

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 3 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: Yrs

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Wm H Whiting

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Robinetta Warren

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Carrie Caroll

(Address): 5 N W Pressman

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Nov 16 1932

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
3 Mos	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84515 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84515

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1628 Baker St., 16-21 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Perry

(a) Residence: No. 1628 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elias Perry

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hortense Dorsey

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hortense Perry
(Address) 628 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Douglas memorial Date NOV 16, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania ave.

FILED NOV 16 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14th 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Nov 13, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
3 Days	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

INSTRUCTIONS: Please write plainly with pen and ink. Fill in all blanks. If information is not known, write "unknown." Entry of "none" or "unknown" will be accepted only when it is the fact. Do not leave any blanks. Entry of "none" or "unknown" will be accepted only when it is the fact. Do not leave any blanks. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E Co. 84516

HEALTH DEPARTMENT—CITY OF BALTIMORE E 84516

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1122 Mosher St. 16-23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Hoke

(a) Residence: No. 1122 Mosher St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert C. Hoke

6. DATE OF BIRTH (month, day, year) Oct. 28. 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Hanford Co md
(State or country)

FATHER

13. NAME Charles Banks

14. BIRTHPLACE (city or town) md
(State or country)

MOTHER

15. MAIDEN NAME Josia Banks

16. BIRTHPLACE (city or town) md
(State or country)

17. INFORMANT Charles H. Banks
(Address) 1122 Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen md Date NOV. 16. 1932

19. UNDERTAKER Thomas E. Nelson
(Address) 1222 Presstman st.

20. FILED ..... 19 ..... Registrar.

NOV 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/3, 1932 to 11/13, 1932

I last saw h[illegible] alive on 11/13, 1932 death is said to have occurred on the date stated above, at 5:1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Nephritis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Benj Brettq, M. D.

(Address) 2134 E [illegible] St

N. B.—WRITE PLAINLY, WITH PEN AND INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 84517

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84517

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Community Hospital

CITY OF BALTIMORE: (No. [illegible] St., 14-28 Ward 6)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie A. Garrison

(a) Residence: No. 437 S. Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Charles Garrison

6. DATE OF BIRTH (month, day, year) January 26, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John H. Schaefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericka ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Charles C. Garrison

(Address) 437 S. Parrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Nov. 17 1932

19. UNDERTAKER Fox & H Cook

(Address) 1005 E. Baltimore St.

20. FILED [illegible] 1932

NOV 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 14 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-11 - 1932 to 11 - 14 - 1932

I last saw h alive on 11 - 14 - 1932 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1925
Gangrene, rt. hand.	11-6-32
Pyelitis, left.	

Other contributory causes of importance:

Bronchial pneumonia, both	11-13-32
Cerebral thrombosis	11-12-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. G. Ahroon, Jr. M. D.

(Address) University Hospital

N. B.—WHILE PHYSICIAN, WITH EXPERIENCE, FILLS THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1269-9

E 84518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84518

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 McEldery St., 7-9 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Heva Friedman

(a) Residence: No. 1523 McEldery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Friedman

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frank Friedman Son-In-Law
(Address) 1523 McEldery St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Washington Date 11-16- 1932

19. UNDERTAKER Jacob Deal & Sons
(Address) 1439 E. Baltimore St.

NOV 16 1932

(Signed) ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15- 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1932 to Nov. 15 1932

I last saw h... alive on Nov. 15 1932 Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	Feb. 12 1932
Chr. Nephritis	Feb. 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. A. Nicholson M. D.

(Address) 2230 Eutaw Pl

N. B.—WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-B

E 84519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84519

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH Lemdale

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 27-54 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Israel Lipshitz

(a) Residence: No. Belvedere & Greenspring Aves. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jane Lipshitz

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Latvia
(State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Harry Lipshitz
(Address) 13 Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 11-15, 1932

19. UNDERTAKER Jack Levin Inc
(Address) 1739 E. Balto. St.

20. FILED ..., 19... [illegible]
Registrar.

NOV 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1932, to 11-15, 1932

I last saw h[illegible] alive on 11-15, 1932. Death is said to have occurred on the date stated above, at 3.15 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	
Arterio sclerosis, cerebral & general.	
Thrombosis middle cerebral artery with hemiplegia, left.	June 1930

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W Rehmundheim, M. D.

(Address) Lemdale.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

84520

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84520

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4508 Powell Ave., Raspeburg, Md St., 26th Ward) 36 42

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Virginia Colbert Wellener

(a) Residence: No. 4508 Powell Ave., Raspeburg, Md St., 26th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Wellener

6. DATE OF BIRTH (month, day, year) April 18, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	7 6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Back Creek (State or country) Somerset County, Md.

FATHER

13. NAME Levin Colbert

14. BIRTHPLACE (city or town) Eastern Shore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Fitzgerald

16. BIRTHPLACE (city or town) Somerset County (State or country) Maryland

17. INFORMANT Mrs. S. G. Hopkins

(Address) 4508 Powell Ave., Raspeburg, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Lorrance Cemetery Date Nov. 16, 32

19. UNDERTAKER Tubbs & Jones Inc

(Address) 224 5th Broadway Huntington W. Va.

20. FILED

OV 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 32 to November 13, 32

I last saw her alive on November 13th, 32 Death is said to have occurred on the date stated above, at 11:20P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Ceacum	six months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) A. L. Wilkinson, M. D.

(Address) 5713 Belair Rd., Baltimore, Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

84521 9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84521 E 84521

53

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St., 1-2 Ward)

2-FULL NAME Anthony . Pappas

(a) RESIDENCE NO. 505 S. Linwood Avenue St._____ Ward_____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 3 1911

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	21	6	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (City or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER George . Pappas

11 BIRTHPLACE OF FATHER (city or town) Greece
(State or country)

12 MAIDEN NAME OF MOTHER Jennie . Dezes

13 BIRTHPLACE OF MOTHER (city or town) Greece
(State or country)

14 Informant Mr. George . Pappas
(Address) 505 S. Linwood Avenue

15 Filed ... 19 ... Huntington Witness, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Mar 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Rectum
meningeal
(duration) ... yrs. 16 mos. ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.
(Coroner)

Mar 12, 1932 (Address) 1365 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Cemetery — Date of Burial: Nov. 16 1932

20 UNDERTAKER: John M Weber — ADDRESS: 401 E Chester St

If death occurred in a hospital or institution, the name should be entered instead of the street and number. Abbreviations should not be used. PHYSICIANS should state CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Antoni Calka

HEALTH DEPARTMENT—CITY OF BALTIMORE

84522

E 84522

CERTIFICATE OF DEATH

V93-003

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md St. 1-3 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Antoni Calka

(a) Residence: No. 521 S. Milton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frelronia Calka

6. DATE OF BIRTH (month, day, year) 9-25-1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	57	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Paul Calka

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Annie Walska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records Office (Address) City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 17, 1932

19. UNDERTAKER John M. Weber (Address) 940 E. Oliver St

Huntington Williams Nov

Registered

NOV 10 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-12, 1932 to 11-14, 1932

I last saw h alive on 11-14, 1932 Death is said to have occurred on the date stated above, at 2:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart with Auricular Fibrillation	11-13-32
Other contributory causes of importance: Acute myocardial Insufficiency	11-14-32

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

11-14-32 (Signed) Owen Kirby, M. D.

(Address) Balto. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2508

E 84523

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84523

CERTIFICATE OF DEATH

48v

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Latrobe St. 12-19 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lizzie Bailey

(a) Residence: No. 1705 Latrobe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bailey

6. DATE OF BIRTH (month, day, year) May 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisa Co Virginia

FATHER

13. NAME Thomas Jefferson

14. BIRTHPLACE (city or town) (State or country) Louisa Co Virginia

MOTHER

15. MAIDEN NAME Lizzie Harris

16. BIRTHPLACE (city or town) (State or country) Louisa Co Virginia

17. INFORMANT Mrs. Alberta J. Granistaff
(Address) 1705 Latrobe St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Cemetery Date 11/17, 1932

19. UNDERTAKER Mrs. Chas. E. Bailey
(Address) 1421 Jefferson St

20. FILED Nov 18 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1932 to Nov. 12, 1932

I last saw h... alive on Nov. 12, 1932 death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	2 Months
Chronic Interstitial Nephritis	

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Garland Thompson M. D.
(Address) 1534 Eutaw Pl

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1265-9

E 84524 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84524

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 N. Eden St., 5-9 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Haywood

(a) Residence: No. 27 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
M	C	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Georgia V. Haywood

6. DATE OF BIRTH (month, day, year) 1869-11-2

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63 72		10 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME D.

14. BIRTHPLACE (city or town) (State or country) D.

MOTHER

15. MAIDEN NAME Anna Buckhannan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Roland H. Haywood

(Address) 27 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Nov 18th 1932

19. UNDERTAKER Benj. Mayer Wright

(Address) 1518 Mt. Calvary Ave

Huntington Williams M.D.

20. FILED NOV 16 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-12 1932 to 11-15 1932

I last saw h— alive on 11-13-1932. Death is said to have occurred on the date stated above, at 8 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Valvulitis	
	From

Other **contributory causes** of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

none If so, specify —

(Signed) W. H. Langley M. D.

(Address) 611 N. Caroline

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 84525

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84525

CERTIFICATE OF DEATH

145-001

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Linwood St., 16-22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude Brown

(a) Residence: No. 1515 Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Oliver Brown

6. DATE OF BIRTH (month, day, year) 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anderson
(State or country) South Carolina

FATHER

13. NAME —

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unk
(State or country)

17. INFORMANT Oliver Brown
(Address) 1515 Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Anderson S. C. Date Nov. 18, 1932

19. UNDERTAKER Sam'l N. Chase & Son
(Address) 638 N. Gilmor

20. FILED Nov 18 1932 by Wilkerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1932 to Nov 15, 1932

I last saw h[illegible] alive on Nov 15, 1932. Death is said to have occurred on the date stated above, at 5:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Nov 13
	Nov 15

Other contributory causes of importance:

Puerperal Sepsis	Sept 24
Eclampsia	Sept 17

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) I. B. Higgins M. D.

(Address) Provident Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 84525 CLAON

E 84526

Elizabeth Thomas ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE 84526

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 22-20 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas, Elizabeth

(a) Residence: No. 1928 Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River a a Co Md

FATHER

13. NAME (unknown) Thom

14. BIRTHPLACE (city or town) (State or country) West River a a Co Md

MOTHER

15. MAIDEN NAME Margrt Thomas

16. BIRTHPLACE (city or town) (State or country) West River a a Co Md

17. INFORMANT Margrt Thomas
(Address) Parole Md

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date 11, 18, 1932

19. UNDERTAKER W. E. & B. Parker
(Address) 57 Washington St Annapolis

20. FILED ..... 19.. Registrar

Interment Permit No. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14- 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-27- 1932 to 11-14- 1932

I last saw her alive on 11-14- 1932 Death is said to have occurred on the date stated above, at 8:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Malignant hypertension	?
b.	
c.	
d.	

Other contributory causes of importance:

Nephritis	
Uremia	
Bronchial pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. P. Ahrens, Jr. M. D.

(Address) University Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CAUTION

M. D. B. 1268-9

E 84527

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84527

CERTIFICATE OF DEATH

104-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 909 N. Iris Ave. St. 36-39 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev. George F. Stiles

(a) Residence: No. 909 N. Iris Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida Reed Stiles

6. DATE OF BIRTH (month, day, year): Nov. 27. 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: M. E. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Phila. Pa.

FATHER

13. NAME: Francis J. Stiles

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Mary A. Huttal

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Ida Reed Stiles
(Address): 909 N. Iris Ave.

18. BURIAL, CREMATION, OR REMOVAL.
Place: Western Cemy. Date: Nov. 16. 1932

19. UNDERTAKER: John O. Mitchell Son
(Address): 3200 Eutaw Place

20. FILED: Nov 15 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 13. 1932 to Nov 14. 1932

I last saw him alive on Nov 14. 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Abscess	11-7-32
Septicemia.	
Other contributory causes of importance:	
Myocardial Insufficiency	11-7-32
Pulmonary Edema	

Name of operation (Minister) Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Geo. F. Stiles M. D.

(Address) 565 Dolphin Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 84528

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84528

CERTIFICATE OF DEATH.

106-002

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 2628 Florida St. 13-59 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bessie J. Lee

(a) RESIDENCE NO. 2628 Flora ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Nannie Lee

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Md

PARENTS

10 NAME OF FATHER: Hannibal Lee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Hankins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): D.C.

14 Informant: Nannie Lee

(Address)

15 Filed NOV 18 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov-15 1932

17

I HEREBY CERTIFY, That I attended deceased from Nov-11, 1932 to Nov-15, 1932

that I last saw h alive on Nov-14, 1932

and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* was as follows: Chronic bronchitis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. F. Coleman M. D.

Nov-15 1932 (Address) 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: Nov 16 1932

20 UNDERTAKER

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

Spec.—2-29-28—1 M. E. S.—500 Bks.

E 84529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84529

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No. 3117 Berair Road ST. 8-40 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry L. Beck.

(a) RESIDENCE NO. 3117 Berair Rd. ST.,

(Usual place of abode)

WARD

(If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Beck.

6 DATE OF BIRTH (month, day, and year) Sept. 18th 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	1	27.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Insurance Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Life Ins. Co.

(c) Name of employer Retired Mutual Life

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

PARENTS

10 NAME OF FATHER Louis Beck.

11 BIRTHPLACE OF FATHER (city or town) Germany. (State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Meier

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Sophia Beck.

(Address) 3117 Berair Rd.

NOV 16 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14-1932

17 I HEREBY CERTIFY, That I attended deceased from October 1, 1932 to Nov. 14, 1932

that I last saw ... alive on Nov. 14, 1932

and that death occurred, on the date stated above, at 5 30 P. m.

The CAUSE OF DEATH* was as follows:

Hypertension, arteris Sclerosis

Uraemia (3 Day) Broncho Pneumonia 2d.

(duration) ... yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) ... yrs. 1 mos. 14 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of ...

Was there an autopsy? No.

What test confirmed diagnosis? Urinalysis & Sphyg.

(Signed) Thos. J. a Stearns, M. D.

11/15, 1932 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem.

DATE OF BURIAL 11/17/32

20 UNDERTAKER Philip Hennig 2016

ADDRESS Orleans St

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M 47—10M—50L

E 84530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84530

82-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 835 Clifford ST., 21-29 WARD)

2-FULL NAME Mamie Malone

(a) RESIDENCE NO 835 Clifford ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Malone

6 DATE OF BIRTH (month, day, and year) April 17, 1863 GMG

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	6	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER George Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jane Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Louisa Johnson

(Address) 835 Clifford St.

15 Filed ... 19... Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 12 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Cerebral Apoplexy

suddenly

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy M. Townsend M. D.
Coroner

11/14, 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Zion Cem. — DATE OF BURIAL: Nov. 16 1932

20 UNDERTAKER: Joseph A. Lively — ADDRESS: 409 N. Mount St

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84531

E 84531 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY, STEVENS

(a) Residence: No. Johns Hopkins Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME JOHN STEVENS MIDDLE RIVER, MD

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME MARGARET JOHNSON, MIDDLE RIVER

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER ...
(Address)

NOV 16 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 19 32 to Nov 11, 19 32

I last saw him alive on Nov 11, 19 32 Death is said to have occurred on the date stated above, at 3-55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11/11/32

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Ralph W. Hart, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250R

E 84532

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84532

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1036 Bentley Ave (St.) 16 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Luther B. Terry Jr

(a) Residence: No. 1036 Bentley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): —

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16, 1932

7. AGE — Years | Months | Days | If LESS than 1 day ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Luther B. Terry

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nellie Thomas

16. BIRTHPLACE (city or town) (State or country) New Market Md

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Emerald Grove Date Nov 16 19 32

19. UNDERTAKER [illegible]
(Address) [illegible]

NOV 16 1932

Registered Nov 19 19 32 Certificate issued Nov 19 19 32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1932 to Nov 16 1932

I last saw him alive on Nov 16 1932 death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset:
Atelectasis (Premature birth 6 hrs)	11/16 1932

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased — If so, how? ...

(Signed) H. Colby Lange, M. D.

(Address) [illegible]

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

E 84533 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84533

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3142 Abell ave. Ward) 12-50

Length of residence in city or town where death occurred 52 yrs. ... mos 14 ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Norval H. Lane.

(a) Residence: No. 3142 Abell ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Lane

6. DATE OF BIRTH (month, day, year) Nov. 2 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. advertising

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Advertising

10. Date deceased last worked at this occupation (month and year) Nov. 1932

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Norval H Lane.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary M. Macklin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wife

(Address) 3142 Abell ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Nov 19 1932

19. UNDERTAKER J. W. Conklin

(Address) 2216 Eager St.

NOV 16 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jany. ..., 1932 to Nov 16, 1932

I last saw h[illegible] alive on Nov. 14 1932 death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied and Enlarged Heart	

Other contributory causes of importance:

None.

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? None. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ..... as above

(Signed) Wm J. Costello, M. D.

(Address) 335 E. 31st St.

M. D. B. 1268-9

E 84534 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84534

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

Registered No. 107-001

CITY OF BALTIMORE: (No.) Wilkens & Caton Aves St. 25-72 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev. Father Thomas B. Feeney

(a) Residence: No. Ursuline Novitiate St., Beacon, N. Y. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Hughes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Brady

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address) St Agnes Hospital

18. BURIAL, CREMATION OR REMOVAL
Place Annapolis Md. Date Nov. 17 1932

19. UNDERTAKER Martin Funeral Home
(Address) 827 W. North Ave.

20. FILED NOV 16 1932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-16 - 1932 to 11-15 - 1932

I last saw him alive on 11-15 1932. Death is said to have occurred on the date stated above, at 12.45 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 11-10-32

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) W. Alfred Cannon M. D.

(Address) St. Agnes Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84535 E 84535

CERTIFICATE OF DEATH

1. PLACE OF DEATH Peninsula Hospital. Registered No.

CITY OF BALTIMORE: (No. Eastland & Lemmon St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 10 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Albert Taylor

(a) Residence: No. Eastland Ave (Usual place of abode) Princess Anne Md St., Ward. Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Princess Anne Md

FATHER

13. NAME Albert Taylor

14. BIRTHPLACE (city or town) (State or country) Princess Anne Md

MOTHER

15. MAIDEN NAME Dalena Jenkins

16. BIRTHPLACE (city or town) (State or country) Princess Anne Md

17. INFORMANT Mrs Albert Taylor

(Address) Princess Anne

18. BURIAL, CREMATION, OR REMOVAL

Place Princess Anne Date Nov 18, 1932

19. UNDERTAKER M L Watson Jr.

(Address) Princess Anne

20. [illegible] Huntington Williams M.D.

Registrar.

NOV 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 16, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 11 6 32, 19.. to 11 16 32, 19..

I last saw h.. alive on 11 14 32, 19.. Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	11 6 32
(Coma)	
Other contributory causes of importance:	
Congenital diabetes	11 6 32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Tomaras Jr. M. D.

(Address) County Health

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 84536

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84536

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Joseph's Hosp. 107-001 Registered No.

CITY OF BALTIMORE: (No. ... St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Taylor, Jr.

(a) Residence: No. 1812 N. Durham St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 14th 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Taylor.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marie Krissner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Marie Taylor

(Address) 1812 N. Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Nov 17th 1932

19. UNDERTAKER Leo G. Cook

(Address) 1723 Patterson Park Ave Huntington Wallace, N.Y.

20. FILED NOV 16 1932 C.B.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1932 to Nov. 15, 1932

I last saw him alive on Nov. 15, 1932. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Nov. 12

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. F. Young M. D.

(Address) St. Joseph Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

E 84537

HEALTH DEPARTMENT---CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 E 84537

REGISTERED NO. C.....

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 N. Calvert St. 12-50 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George E. D. Lansdowne

(Residence in Baltimore: No. 2109 N Calvert St.; 86 yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

3-SEX: Male

4-COLOR OR RACE: white

5-SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): widower

6-DATE OF BIRTH: Sept (Month) 6 (Day) 1846 (Year)

7-AGE: 86 yrs 2 mos 9 ds. If LESS than 1 day, hrs., or min.?

8-OCCUPATION (a) Trade, profession or particular kind of work: Retired Hat (b) General nature of industry, business, or establishment in which employed (or employer): merchant

9-BIRTHPLACE (State or country): Baltimore Md

PARENTS

10-NAME OF FATHER: George E. D. Lansdowne

11-BIRTHPLACE OF FATHER (State or country): England

12-MAIDEN NAME OF MOTHER: Julia Carr

13-BIRTHPLACE OF MOTHER (State or country): Maryland

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. W. Protzman

(Address) 207 Hawthorne Rd. Roland

15- Huntington Williams, M.D.

Nov 16 1932 191.... R. P. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH: Nov. 15 (Month) (Day), 1932 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Nov. 2d., 1932, to, Nov. 15 1932, that I saw h-- alive on 11 11 1932, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Cardio Myocarditis

Pernic Congestion Lungs

(Duration) yrs mos ds.

Contributory (SECONDARY) Arterio Sclerosis

(Duration) 6 yrs mos ds.

(Signed) Henry F. Corkran M. D.

Nov. 16, 1932 [Address] 1 Upland Rd

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18-LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs ..... mos ..... ds. In the State ..... yrs ..... mos ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL: Greenmount Cemetery DATE OF BURIAL: Nov 17 1932

20-UNDERTAKER: Chas. K. Black & Sons ADDRESS: W. North Ave

NOV 16 1932

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 84538 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84538

CERTIFICATE OF DEATH

1. PLACE OF DEATH Little Sisters of Poor — Registered No. 92-001
CITY OF BALTIMORE: (No. Valley St. St. 807 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Mrs Rosenberger

(a) Residence: No. 200 Valley St., 1920-E. Fayette St
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Mary Anna Rosenberger

6. DATE OF BIRTH (month, day, year) Dec. 4, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82 X	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER
13. NAME Johann Andrew Rosenberger
14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER
15. MAIDEN NAME Adelia Seitz
16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Sister Stanislaus, Supervisor
(Address) Little Sisters of the Poor Valley St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 11 1932

19. UNDERTAKER Geo. J. Pentz & Son
(Address) 23 Hartford Ave Govans

20. FILED V 16 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1932, to Nov 16, 1932
I last saw him alive on Nov 1, 1932 death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation None Date of No
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Corkran, M. D.
(Address) 111 E. Madison St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 84539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH (Joseph E 84539)

1. PLACE OF DEATH St. Jos. Hospital

CITY OF BALTIMORE: (No. 1500 N. Caroline St., 8-13 Ward) Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? 15 yrs. mos. ds.

2. FULL NAME Charles Conne (Joseph Penna)

(a) Residence: No. 1936 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Penna

6. DATE OF BIRTH (month, day, year) 12-15-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Italy
(State or country)

FATHER

13. NAME Louis Penna

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Bisbio

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Mrs Pauline Penna
(Address) 1936 E Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/16/32, 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. [illegible] Huntington Williams, N.D.
Registrar.

V 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Charles Conne 1932 to Nov. 15, 1932
Nov. 12
I last saw h im alive on Nov. 15, 1932 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Liver abscess
Perforated peptic ulcer

Other contributory causes of importance:

Lobar pneumonia

Name of operation Drainage of liver abscess & Repair of P. ulcer Date of 11-4-32

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) St. Joseph's Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 84540

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84540

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 1-2-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 9 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. David M. Sause

(a) Residence: No. Knights of Columbus Club St., Cathedral and Madison St. Ward. New York.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	3	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Furnaces

10. Date deceased last worked at this occupation (month and year) Oct. 1932.

11. Total time (years) spent in this occupation 9 months

12. BIRTHPLACE (city or town) (State or country) New York City N.Y.

FATHER

13. NAME Edmond J. Sause

14. BIRTHPLACE (city or town) (State or country) New York City N.Y.

MOTHER

15. MAIDEN NAME Minnie Mahoney

16. BIRTHPLACE (city or town) (State or country) New York City N.Y.

17. INFORMANT David M. Sause

(Address) K of C Home

18. BURIAL, CREMATION, OR REMOVAL Place Brooklyn, N.Y. 11/18, 1932

19. UNDERTAKER John J. Casey & Son

(Address) 1811 Madison Ave.

Huntington Williams, M.D.

Registrar

CV 177232

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1932 to Nov 16, 1932

I last saw h.. alive on Nov. 16, 1932 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic (Rheumatic)	
Congestive failure	Feb. 1932
Other contributory causes of importance:	
Uremia (Renal C.P.C.)	Nov 10, 1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. H. Eisenbrandt, M. D.

(Address) Union Memorial Hospital.

INFORMATION SHOULD BE CAREFULLY SUPPLIED. ALL ITEMS SHOULD BE FILLED IN. PENCIL MARKS ARE NOT PERMITTED. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 84541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84541

CERTIFICATE OF DEATH

1. PLACE OF DEATH Marine Hospital — Registered No. X 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-51 Ward ....)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leslie T. Phillips

(a) Residence: No. Parksley Va St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 23 - 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	—	7	23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M.D. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. S. & O.

10. Date deceased last worked at this occupation (month and year) 6 - 4 - 32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Parksley Accomack Va

FATHER

13. NAME Fountain Phillips

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Margaret Walker (Address) Parksley Va

18. BURIAL, CREMATION, OR REMOVAL Place Parksley Va Date Nov 17 1932

19. UNDERTAKER The T. Evans & Son (Address) Eastern Shore Va

Huntington Williams, N.Y.

Registrar.

NOV 17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/9/1932 to 11/16 1932

I last saw h alive on 11/16 1932 death is said to have occurred on the date stated above, at 5:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary, Chronic	Yrs

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. A. Hart M. D.

(Address) Marine Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 2508

E 84542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84542

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Marine Hospital

CITY OF BALTIMORE: (No. 70-69 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert F. Wahl

(a) Residence: No. 2428 West Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Loretta Henry Wahl

6. DATE OF BIRTH (month, day, year) June 16 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Business
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME A. Wahl.
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Whelan
16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Wife
(Address) 2428 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemet Date Nov. 19 1932

19. UNDERTAKER Chas. F. Grams & Son
(Address) Mount Royal Ave

20. FILED NOV 17 1932 Huntington, W. Va. Nov 17
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1932, to Nov 16, 1932

I last saw him alive on Nov 16, 1932 death is said to have occurred on the date stated above, at 450 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia bilateral, Lower Lobe	11/14/32

Other contributory causes of Importance:

Cholelithiasis	Unk

Name of operation Cholecystectomy Date of 11/14/32

What test confirmed diagnosis? X-ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Hart M.D.
(Address) Marine Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

-28—L. F. S.—500 Bks.

64543 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84543

121

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. Baltimore, Md ST., 20-71 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs Mary L. Brauer

(a) RESIDENCE NO. 519 Wildwood Pkwy ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James F. Brown

6 DATE OF BIRTH (month, day, and year) Dec 15-1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, bosiness, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Rabe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Catherine Steinmiller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Hospital Records

(Address)

Received 11 17 1932 Huntington W. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-15-32

17 I HEREBY CERTIFY, That I attended deceased from 11-7-32, to 11-15-32, that I last saw her alive on 11-15-32 and that death occurred, on the date stated above, at 2:00 P m.

The CAUSE OF DEATH* was as follows:

Retroverted Uterus - Cystocele -
Hemorrhoids - Chronic Appendicitis
Nephritis 20 Years -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia -

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-13-32

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. L. Krauss, M. D.

, 19 (Address) Md. General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery Annapolis Md

DATE OF BURIAL Nov. 18 1932

20 UNDERTAKER Chas. J. Brandt Son

ADDRESS 1811 W. Royal ave

M. D. H. 1268-9

84544

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84544

CERTIFICATE OF DEATH

169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 16-67 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond R. Poole

(a) Residence: No. 3207 Normount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary H Poole

6. DATE OF BIRTH (month, day, year) May 23 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 3

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jos. E Poole

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lillie Mayd.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mary H Poole

(Address) 3207 Normount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date 11-18 1932

19. UNDERTAKER E & J Hasle

(Address) 115 E 31st St

20. FILED Huntington Williams NP Registrar.

17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Spine Compound fracture Left humerus.	11/15/32

Other contributory causes of importance:

Shock

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 11/15 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place B & O Central Yard

Manner of injury Jumped from car to escape

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D. Coroner

(Address) 1737 E Fayette

84545

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84545

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 Carroll St., 21-39 Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Schwartz.

(a) Residence: No. 1113 Carroll St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anthony Schwartz

7. DATE OF BIRTH (month, day, year): Aug 29th 1860

7. AGE: Years 72 | Months 2 | Days 1718 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 037

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER
13. NAME: Andrew Kunde.
14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER
15. MAIDEN NAME: Josephine ?
16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Mrs Fred. Saffran
(Address) 1113 Carroll St

BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: 11-19-32

UNDERTAKER: Bernard E Burke
(Address) 1000 E Pratt St

Huntington W Williams, M.D.
Registrar.

FILED 11 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 16th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug ... 1932 to Nov 15th ... 1932

I last saw her alive on Nov 13th 1932 Death is said to have occurred on the date stated above, at 4.52 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis
Cardiac Failure
Bronco Pneumonia
Exhaustion.

Date of onset: 4 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H J Stark M. D.

(Address) 1119 N. Milton Ave

Cor.—10-10-29—A Co.—100 Blks.

E 84546

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84546

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 312 N. Carey St., 19-26 Ward)

2-FULL NAME Emory Stewart

(a) RESIDENCE NO. 312 N. Carey St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 7, 1870

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	10	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): 040
(c) Name of employer

9 BIRTHPLACE (city or town) West River
(State or country) Md.

PARENTS

10 NAME OF FATHER George Stewart

11 BIRTHPLACE OF FATHER (city or town) West River
(State or country) Md.

12 MAIDEN NAME OF MOTHER Eben Brown

13 BIRTHPLACE OF MOTHER (city or town) West River
(State or country) Md.

14 Informant Sarah Brooks
(Address) 312 N. Carey St

15 Filed NOV 17 1932 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Guy M. Cromwell M. D.

11/16 19 32 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt Hon cemetery

DATE OF BURIAL 11/18 19 32

20 UNDERTAKER Charles H Burkett

ADDRESS 32 1. N Carey st

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

84547

HEALTH DEPARTMENT—CITY OF BALTIMORE 84547

CERTIFICATE OF DEATH

93-003

Registered No. 9-46

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1802-E-29th St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 0 mos. 0 dys. How long in U. S. If of foreign birth 92 yrs. 8 mos. 19 dys.

2. FULL NAME Louis Dunkin Goldsborough

(a) Residence: No. 1802-E-29th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Virginia Goldsborough

6. DATE OF BIRTH (month, day, year) Feby 28-1840

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	92	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Westminster. Maryland.

FATHER

13. NAME D. L. W. Goldsborough

14. BIRTHPLACE (city or town) (State or country) Caucasian Maryland

MOTHER

15. MAIDEN NAME Sarah Dunkin

16. BIRTHPLACE (city or town) (State or country) Salem Maryland

17. INFORMANT Mrs Sarah C. Bradford (daughter)
(Address) 1802-E-29th St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 18 1932

19. UNDERTAKER Stewart & Company
(Address) 108 Greenmount Ave

20. FILED ... 19... Registrar.

NOV 17 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932 to Nov. 15, 1932. I last saw him alive on Nov. 15, 1932. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Myocarditis,	
(Senility)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hugh Forsythe, M. D.
(Address) 424 E. North Ave.

I-30—M. & T.—100 B—50L

E 84548

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84548

CERTIFICATE OF DEATH

93-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1130 E Lombard ST. 5-8 WARD)

2-FULL NAME Hester Boughs

(a) RESIDENCE NO 1130 E Lombard ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of 2

6 DATE OF BIRTH (month, day, and year) 1872 ca

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
60	60			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) N. Carolina

PARENTS

10 NAME OF FATHER Jim Harvey

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Carolina

14 Informant Ethel Miller.
(Address) 1130 E Lombard st.

15 Filed ..... 192 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Hist & Clin

(Signed) J. T. Nelson MD, M. D.
Coroner

, 19 (Address) 1252 Cathedral St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Northfd. V.a.

DATE OF BURIAL Nov. 19 1932

20 UNDERTAKER Edw. Bryan.

ADDRESS 1621 Orleans

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

AACo. S-31-250B

84549

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84549

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Mary Liberian Florian

(a) Residence: No. 12 N. Luzerne St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) Aug 10, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Lafores Mary Florian

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Auguste Florian
(Address) 12 N Luzerne St

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Date Nov 18 1932

19. UNDERTAKER Louis Heimann
(Address) 323 Rosebury

NOV 17 1932 Signature for Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-9-32, 19 to 11-16-32, 19

I last saw h[illegible] alive on 11-16-32, 19 .. death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Hypertrophy	
Acute Bronchitis	
Acute Pneumonia.	

Other contributory causes of importance:

Mongolianism (?)

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place? .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) P. W. Donohue, M. D.

(Address) Bon Secours Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84550

CERTIFICATE OF DEATH

E 84550

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. ... Ward)

Registered No. 210-102

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Frandeuntz Jr

(a) Residence: No. Dundalk Ave., Balto Co. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 29 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Anthony Frandeuntz Sr.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Anna Zukas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Anthony Frandeuntz Jr.

(Address) Dundalk Ave Balto Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 18 1932

19. UNDERTAKER John Grebliauskas

(Address) 423 S. Paca St.

20. FILED Nov 17 1932 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16 1932

22. I HEREBY CERTIFY, That I attended deceased from November 16 1932 to ... 19...

I last saw h[e] alive on November 16 1932 Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Subdural Hemorrhage

Other contributory causes of importance:

Struck by automobile

Name of operation none Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/15 1932

Where did injury occur? Dundalk Ave nr. Main St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Father bended his machine

Manner of Injury struck by car

Nature of Injury head along side of his head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Joseph F. Carney Coroner M. D.

(Address) 2200 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—1 M. F. S.—500 Bks.

E 84551

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84551

CERTIFICATE OF DEATH

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen Hospital (Ward)

2—FULL NAME Joseph Rudell

(a) RESIDENCE NO. 2416 E. Monument ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 11/13/32

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Anthony Rudell

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Md.

12 MAIDEN NAME OF MOTHER Margaret Paul

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Md.

14 Informant Hospital Records

(Address) Md. Gen. Hospital

15 Filed NOV 17 1932, 19 Registrar Huntington Wilkerson, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/16/32

17 I HEREBY CERTIFY, That I attended deceased from 11/13 —, 1932, to 11/16, 1932,

that I last saw h/m alive on 11/16, 1932

and that death occurred, on the date stated above, at 10.50 P m.

The CAUSE OF DEATH* was as follows:

Prematurity

Myocardial failure

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical findings

(Signed) L. J. Krause, M. D.

, 19 (Address) Md. General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudenmm

DATE OF BURIAL 11/17 1932

20 UNDERTAKER Anthony Rudell (Estate)

ADDRESS 2416 E Monument St

important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

E 84552

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84552

CERTIFICATE OF DEATH.

V 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2100 E. Federal St 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Viola Trees

(a) RESIDENCE No. 2100 E. Federal ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 33 yrs. 1 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 25-1899

7 AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
33	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore

PARENTS

10 NAME OF FATHER: John H. Trees

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Mary Dennis

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore

14 Informant: Mary A. Trees

(Address) 2100 E. Federal St

15 Filed ..... 19 Huntingtop W. Va.

NOV 17 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-15-32

17

I HEREBY CERTIFY, That I attended deceased from 9-16, 1932, to 11-15, 1932

that I last saw her alive on 11-15, 1932

and that death occurred, on the date stated above, at 2 P m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

(duration) 2 yrs. 6 mos. 6 ds.

CONTRIBUTORY (Secondary): Chronic Interstitial Nephritis

(duration) 2 yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) David Smith M. D.

11/16 1932 (Address) 1500 N Broadway

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cemetery — DATE OF BURIAL: Nov 18 1932

UNDERTAKER: Henry Lutz — ADDRESS 1203 N. Broadway

CROSS OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84553

CERTIFICATE OF DEATH

108 V

E 84553

1. PLACE OF DEATH Union Memorial Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 12-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Mary E. Eddy

(a) Residence: No. Homewood Apts St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George E. Eddy

6. DATE OF BIRTH (month, day, year) Apr 30, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 11-1-32

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Ditch

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT George E. Eddy

(Address) Homewood Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Nov. 18 1932

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1700 Eutaw Place

19 ..... Signature of Undertaker

NOV 17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-8 , 1932 to 11-16 , 1932

I last saw her alive on 11-14 , 1932. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	11-8-32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Manes L. Hecht M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84554 E 84554

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 Cold Spring Lane St. 27-S Ward) Registered No. V167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Midgley

(a) Residence: No. 2100 Cold Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Juanita Brown (Midgley)

6. DATE OF BIRTH (month, day, year) Feby 3. 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse trainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Frank Midgley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ellen Smith

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Juanita B. Midgley

(Address) 2100 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 18 19 32

19. UNDERTAKER John J. Mitchell Sons

(Address) 1300 Eutaw Place

20. FILED NOV 17 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15. 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 8A. m.

The principal cause of death and related causes of importance were as follows:

Gun Shot Wound through Heart (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Grossmann M. D.
Coroner

(Address) 1632 Roland Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84555 E 84555

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. 4940 Eastern St. or Hospital) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Robinson

(a) Residence: No. 540 Mission St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine -

6. DATE OF BIRTH (month, day, year) Jan 5, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Benjamin

14. BIRTHPLACE (city or town) (State or country) Rawley N C

MOTHER

15. MAIDEN NAME Anna (?)

16. BIRTHPLACE (city or town) (State or country) Raleigh N C

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Fort Cutrum Cem Nov 18 32
Place 19

19. UNDERTAKER Bernard P Stanley
(Address) 1803 Pratt St

NOV 17 1932 19 Huntington Williamson, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932 to Nov 15, 1932

I last saw him alive on Nov 14, 1932 Death is said to have occurred on the date stated above, at 1, 15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July, 1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Kenneth A. Stone M. D.

(Address) Baltimore City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

84366

E 84556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY GROSZKOWSKI

(a) Residence: No. Johns Hopkins Hospital St., 614 S. Bradford Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME GUSTAV GROSZKOWSKI 614 S. Bradford St.

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME [illegible] 614 S. BRADFORD ST.

16. BIRTHPLACE (city or town) (State or country) POLAND

17. INFORMANT Gustav Groszkowski

(Address) 614 S. Bradford.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Hooay Date Nov 17, 1932

19. UNDERTAKER [illegible]

(Address)

NOV 17 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1932 to Nov 15, 1932

I last saw h[illegible] alive on Nov 15, 1932 Death is said to have occurred on the date stated above, at 4-40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/11/32
Other contributory causes of importance: Multiple congenital abnormalities (1) Atresia oesophagus (2) [illegible] perforated [illegible] (3) Recto-sigmoid fistula	Birth

Name of operation Colostomy Date of 11/19/32

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84557

E 84557 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Mt Cullen St 11-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Mary Wozniack

(a) Residence: No. 1106 Mt Cullen St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1930

7. AGE: Years 2 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lee Wozniack

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Mary Stumbaugh

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Mary Wozniack

(Address) 1106 Mt Cullen St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 17 1932

19. UNDERTAKER Virginia A. Brooks

(Address) 1146 N. Carey St

20. FILED NOV 17 1932 Huntington Williams Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.....

I last saw h. alive on Nov 15 1932. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	4 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leech M. D.
Coroner

(Address) .....

M. D. B. 1268-9

E 84558 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84558

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) 502 N. Parrish St., 19-27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Beyler

(a) Residence: No. 502 N. Parrish St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmle

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 26-1849

7. AGE: Years 78 | Months 2 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0?0

12. BIRTHPLACE (city or town) (State or country): L. C.

FATHER

13. NAME: Amos Hylton

14. BIRTHPLACE (city or town) (State or country): L C

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): L-C

17. INFORMANT (Address): Hattie Brock 502 N. Parrish

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 18. 1927

19. UNDERTAKER: Virginia A. Brooks

(Address) 1413 Pennsylvania Ave

20. FILED Nov 18 1927 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 15 1927

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1927, 19..... I last saw h alive on Nov 15 1927, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — 6 days — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Leek M. D.

Coroner

(Address) .....

M. D. B. 1268-9

E 84559 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84559

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 1195

CITY OF BALTIMORE: (No.) 1314 W Lafayette St. (Ward) 16-23

(If death occured in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marlowe Clayton

(a) Residence: No. 1314 W. Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 24 1928

7. AGE — Years: — Months: 2 — Days: 23 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Salvador Clayton

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Ella Johnson

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Ella Clayton

(Address) 1314 W Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/27/32

19. UNDERTAKER: Wm. Geo. A. Kollas

(Address) 631 Druid Hill Ave

... 19... Registrar.

JAN 17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 26 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Gastro Enteritis — Date of onset: 2 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Falk M. D.

Coroner

(Address) Home

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

84560 Peck

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84560

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 Carrollton Ave. or (Hosp.) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pearlie L. Peck

(a) Residence: No. 1131 Carrollton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Peck

6. DATE OF BIRTH (month, day, year) Jan 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Rogers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Rogers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Beauford Rogers
(Address) 1131 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Moriah Cem. Date Nov. 19, 1932

19. UNDERTAKER Mrs. Ida B. Snowden
(Address) 1129 N. Carrollton Ave

DATE RECEIVED Nov 17 1932 Interment or Cremation Permit No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15/32 19

22. I HEREBY CERTIFY, That I attended deceased from 11/15/32, 19.., to 11/15/32, 19..

I last saw him alive on 11/15/32 19.. Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	11/9/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Lee Steiner, M. D.

(Address) 874 Mulberry

OCCUPATION is very important. See instructions on back of certificate.

E 84561

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84561

CERTIFICATE OF DEATH

Registered No. 32-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 1713 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Smith

(a) Residence: No. 1029 McDonald St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-17-30

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2		1829	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Moss Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Norris

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Nov. 17, 1932

19. UNDERTAKER Wm. H. B. Snowden
(Address) 1129 N. Caroline St.

20. FILED Nov 17 1932 Hilda Armstrong Rebecca, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932 to Nov 15, 1932

I last saw him alive on Nov 15, 1932 Death is said to have occurred on the date stated above, at 3.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	10 28 32
? Miliary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward F. Mellon M. D.

(Address) Asst. Physicians Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

E 84562 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84562

CERTIFICATE OF DEATH

82-002

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp St. 3-4 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME William Baker

(a) Residence: No. 604 S Bond St St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Baker

6. DATE OF BIRTH (month, day, year) May 4, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 20 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Pauline Baker

(Address) 729 S. Eleven St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Cem. Date Nov 18th 1932

19. UNDERTAKER H. Sander Sons Inc

(Address) 216 E Cath St

20. FILED NOV 17 1932 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1932 to Nov 16 1932

I last saw him alive on Nov 16 1932 Death is said to have occurred on the date stated above, at 555 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis and Right Hemiplegia	
Other contributory causes of importance: Generalized Arteriosclerosis Pulmonary Edema	

Name of operation ....Date of....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of Injury .... 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) Albert Kornusch M. D.

(Address) St. Josephs Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84563 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84563

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2329 Eastern St., 1-3 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 43 yrs. ... mos. ... ds.

2. FULL NAME Piotr Buchacz

(a) Residence: No. 2329 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katarzyna Buchacz

6. DATE OF BIRTH (month, day, year) June 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Piotr Buchacz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Miyama Baran

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Katarzyna Buchacz
(Address) 2329 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Hedwigs Cem. Date Nov 19th 1932

19. UNDERTAKER George A Weber
(Address) 1535 E Baltimore St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1305 N Patterson Pk

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

84564

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84564

CERTIFICATE OF DEATH

XV87-002

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. South Baltimore General Hospital ST. 24-33 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy L. Gischel.

(a) RESIDENCE NO Church St. A. A. Co. Md. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 10, 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	2	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Brooklyn, Md.

PARENTS

10 NAME OF FATHER Edward G. Gischel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Masonville, Md.

12 MAIDEN NAME OF MOTHER Louise Stroh.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Brooklyn, Md.

14 Informant Edward G. Gischel. (father)

(Address) Church St. A. A. Co. Md.

15

Filed ....., 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 14, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acquired Hydrocephalus.

(duration) 15 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Church St. C. C. Co.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry & Diagnosis.

(Signed) [signature], M. D. Coroner

11/15/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill

DATE OF BURIAL NOV 17 1932

20 UNDERTAKER John F. Denny

ADDRESS 715 Eighth St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

CERTIFICATE OF DEATH

84565 178-001 **E 84565**

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 330 S. Monroe St., Ward 20-28

2-FULL NAME Mrs. Elizabeth Virginia Kleinhenn

(a) RESIDENCE NO. 330 S. Monroe St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced (or) WIFE of Frederick Kleinhenn

6 DATE OF BIRTH (month, day, and year) Nov. 26 1855

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	76	11	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John P. Clark

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown

14 Informant Jos. F. Kleinhenn
(Address) 567 Richwood Ave. Govans

15 Filed 19 Registrar

NOV 17 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiated by Illuminating Gas — Accidental

(duration) Probably 30 min. yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably chronic myocardial degeneration unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) Guy N. Cromwell M. D.

11/16 1932 (Address) 213 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Pk. DATE OF BURIAL Nov 19 1932

20 UNDERTAKER Henry H. Kentzler ADDRESS 410 Edmondson Ave.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84566 E 84566

CERTIFICATE OF DEATH

1832

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pier No.6 Clinton St St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George M. Dewald

(a) Residence: No. 308 S. Wadiera St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Dewald.

6. DATE OF BIRTH (month, day, year) About 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Bargeman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O R.R.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) U.S.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Annie M. Dewald (Wife)
(Address) 308 S. Wadiera St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Nov.17 . 1932

19. UNDERTAKER Lilly & Feiler Inc.
(Address) 403 S. Wolfe St.

20. FILED NOV 17 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16 . 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning	

Other contributory causes of importance: Alcoholism

Name of operation Date of

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury . 19

Where did injury occur? Pier 6 Clinton St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Drowned

Nature of injury Fell overboard

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) P. J. Nevins M.D. M. D.
Coroner

(Address) 1205 N. Patterson Park

AACo. 5-31 2500

E 84567

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84567

CERTIFICATE OF DEATH

131 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3319 (St.) Raine st (Ward) 13-52

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George A Craig

(a) Residence: No. 3319 Raine st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, ~~widowed, or divorced~~
HUSBAND of (or WIFE of) Susan C. Craig (nee Butler)

6. DATE OF BIRTH (month, day, year) Dec 27 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME John Craig

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Susan C. Craig (Wife)
(Address) 3319 Raine st.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cem. Govans Date Nov. 18 1932 2:30 Pm

19. UNDERTAKER Chas. Sauers
(Address) 3611 Gwynn Oak Ave

NOV 17 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24th, 1932, to Nov 16th, 1932

I last saw him alive on Nov 16 1932 death is said to have occurred on the date stated above, at 12.00 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis and Chronic nephritis	1 yr. ago

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hiram Driver M. D.

(Address) 846 W 36th St Balto

OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 84568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84568

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1630 Hollins St., 19-25 Ward)

2-FULL NAME George W. Geer

(a) RESIDENCE NO. 1630 Hollins St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced — HUSBAND of (or ~~WIFE~~ of) Ellsworth A. Geer

6 DATE OF BIRTH (month, day, and year) April 12, 1861

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	71	7	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Emmanuel Geer

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Portugal

12 MAIDEN NAME OF MOTHER Mary Owens

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Ellsworth A. Geer
(Address) 1630 Hollins St.

15 Filed NOV 17 1932 16 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No What test confirmed diagnosis? Typical symptoms

(Signed) Guy N. Cromwell M. D.

11/17 1932 (Address) 203 Pierrepont St. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Nov 18 1932
20 UNDERTAKER George J. Smith	ADDRESS 453 Hollins

M. D. H. 1268-0

84569

HEALTH DEPARTMENT—CITY OF BALTIMORE

84569

CERTIFICATE OF DEATH

V 94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Belmont Ave 16-67 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helmuth Wilhelms

(a) Residence: No. 3005 Belmont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edythe Wilhelms.

6. DATE OF BIRTH (month, day, year) July 12 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Carl Wilhelms.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Carlyn Eichhorst

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Edythe Wilhelms 3005 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 18, 193[illegible]

19. UNDERTAKER Vernon Keehner
(Address) 1512 Holbrook

20. FILED ..... of Huntington, Indiana, N.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932 to Nov 15th, 1932

I last saw him alive on Nov 7, 1932 Death is said to have occurred on the date stated above, at 4.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	6 wks
Coronary Sclerosis -	?

Other contributory causes of importance:

Generalized arterio sclerosis with hypertension	?
	?

Name of operation none. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Michel, M. D.

(Address) 2901 Edmondson Ave

M. D. H. 1268-9

E 84570 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84570

CERTIFICATE OF DEATH

XV 137

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rear Admiral Everett E. Hayden

(a) Residence: No. Wyoming Apts St., Ward. Washington D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Kate Hayden

6. DATE OF BIRTH (month, day, year) April 1, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	7	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Admiral USN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Boston, Mass
(State or country)

FATHER

13. NAME Everett Hayden

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT ?
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Arlington Nath Date 11/17, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Huntington W. Va. Nov

NOV 17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/8/32, 1932 to 11/17/32, 1932

I last saw him alive on 11/11/32, 1932. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy causing Urinary Retention	1928
Operation	

Other contributory causes of importance:

Myocardial failure	
Blood stream infection	

Name of operation Suprapubic Prostatectomy Date of 11/16/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. A. Aberncrombie M. D.

(Address) 9 E. Mt. Vernon Pl.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84571

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84571

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-44 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Metzger

(a) Residence: No. 3317 Rueckert Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 30 19..

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Joseph Metzger

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Eleona Reinz

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer C Date 11/18 19..

19. UNDERTAKER Geo. M. Boyd & Son
(Address) 205 Hunt...

20. [illegible] Huntington Williams, M.D.
(Registrar.)

NOV 17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/15 1932 to 11/16 1932

I last saw her alive on 11/16 1932 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4 days

Other contributory causes of importance:
none

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. H. Jessiman M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30—A. & Co.—250 Bks

84572 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84572

CERTIFICATE OF DEATH.

131 V

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 405 N. Parrish (St.) 19-27 (Ward)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha Gross

(a) RESIDENCE No.: 405 N. Parrish (St.) (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Gross

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	?		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Annie Jackson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mamie Hack
(Address): 405 N. Parrish

V 17 1932 Huntington Williams N.P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 15/32

17

I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1932, to Nov. 15, 1932

that I last saw her alive on Nov. 15, 1932

and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Mitral Insufficiency

Chronic Interstitial Neph.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter J. Jackson M. D.

, 19 (Address) 1631 E. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery — DATE OF BURIAL: Nov 18, 1932

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 3221 Edmondson Ave.

TION is very important. See instructions on back of certificates.

Spec—12-23-21—E.B.R.S.—400 Bks.

E 84573 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84573

93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

Registered No.....

City of BALTIMORE: (No. 330 Rossiter ave. St. 27-48 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME..... Mrs Margaret b Grady

(a) Residence No..... 330 Rossiter Avenue. St.,..... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, W

5-~~Single~~, ~~Married~~ Widow, ~~or Divorced~~, (Write the word.) Widow

5a-If married, widowed, or ~~divorced~~ ~~Husband~~ (or) WIFE of Patrick Grady

6-DATE OF BIRTH (month, day and year) May 1855

7-AGE, 77 yrs. 6 mos. ds. If LESS than 1 day, ...hrs. or.....min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Home

(b) General nature of industry, business, or establishment in which employed (or employer)..... 0

(c) Name of employer.....

9-BIRTHPLACE (city or town)..... Ireland
(State or Country).

PARENTS.

10-NAME OF FATHER, Michael Mowessy

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Ireland

12-MAIDEN NAME OF MOTHER, Mary O Grady

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Ireland

11- (Informant) Kathryn M. Grady

(Address) 330 Rossiter ave.

15- Huntington Williams, M.D. Registrar.

V 17 1932

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) November 16/32.

I HEREBY CERTIFY, That I attended deceased from May 1 1930 to November 16 1932.

that I last saw ~~he~~ alive on November 16 1932,

and that death occurred, on the date stated above, at 11.20 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation

(Duration) 2 yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Hydeadenitis

(Duration) 4 yrs. 1 mos. 10 ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John C. Hamner M. D.

19 (Address) 470 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL, Philadelphia Pa DATE OF BURIAL, 11/17 1932

20-UNDERTAKER, John A. Moran ADDRESS 3009 E. Baltimore St.

instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84574

E 84574

CERTIFICATE OF DEATH

161-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospt. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Machlinska

(a) Residence: No. 815 S. Glover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-16-32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 40 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Hospt.

FATHER

13. NAME Henry Machlinska

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Martha Cichowicz

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT mother

(Address) 815 S. Glover St.

18. BURIAL, CREMATION, OR REMOVAL St. Stanislaus Cem

Place Baltimore Date 11-18 , 1932

19. UNDERTAKER Stephen J. Frankowski INC

(Address) 1100 W. Pennsylvania Ave Huntington Maryland

Registrar.

V 17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-16-32 , 19... to 11-16- , 1932

I last saw her alive on 11-16- , 1932 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

Asphyxia

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Bonny Schuyler M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

84575 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131 E 84575

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 Josephs Hospital St. 14-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Spinner

(a) Residence: No. 1608 West Fayette Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, (Married), Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hester Spenner

6. DATE OF BIRTH (month, day, year) June 6, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Spenner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Hester Spenner
(Address) 1608 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 17, 1932

19. UNDERTAKER Geo W Settle
(Address) 2700 Edmondson Ave

20. FILED Nov 17 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15th, 1932, to Nov. 17th, 1932

I last saw him alive on Nov. 17th, 1932. Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	11/10/32
Arteriosclerosis	
Uremia	11/15/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Albert Kennedy, M. D.
(Address) St Josephs Hosp

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84576

CERTIFICATE OF DEATH

E 84576

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp St., 11-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles C. Hullett

(a) Residence: No. 1719 Hollins St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia M. Hullett

6. DATE OF BIRTH (month, day, year) Sept. 12, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME David Hullett

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Rebecca Silber

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Virginia M. Hullett

(Address) 1719 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 11/19, 1932

19. UNDERTAKER Geo. W. Little

(Address) 4700 Edmondson ave.

171932

19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. ..., 19..., to ..., 19...

I last saw h alive on Nov. ..., 19... Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

Fractured base of skull

Date of onset

Other contributory causes of importance:

Struck by automobile

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury 11/17, 1932

Where did injury occur? Monroe St & Harlem Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury he was struck by auto

Nature of Injury while crossing Monroe St

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Joseph Toroney, M. D. Coroner

(Address) 2260 E Monument St

Spec.—2-29-28—L. F. S.—500 Bks.

E 84577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

118

E 84577

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 George ST. 18-7a WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ertie Robinson

(a) RESIDENCE NO. 806 George St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jack Robinson

6 DATE OF BIRTH (month, day, and year): Did not know 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50		8		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer): Home Work

(c) Name of employer: At home Sacks, Va

9 BIRTHPLACE (city or town) (State or country): Sacks, Va

PARENTS

10 NAME OF FATHER: Charles Hayden

11 BIRTHPLACE OF FATHER (city or town) Sacks (State or country) Va.

12 MAIDEN NAME OF MOTHER: Bessie Beal

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Sacks Va.

14 Informant: Sanford Robinson

(Address) 806 George St.

15 Filed: Huntington Williams, M.D. Registrar

NOV 17 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/16/32

17 I HEREBY CERTIFY, That I attended deceased from Oct. 29th, 1932, to Nov. 16th, 1932, that I last saw her alive on Nov. 16th, 1932, and that death occurred, on the date stated above, at 8.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Toxic Gastritis

(duration) yr. mos. 17 ds.

CONTRIBUTORY (Secondary) Catarrhal Gastritis

(duration) 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Diagnosis

(Signed) J. T. Gunn, M. D.

, 19 (Address) 522 N. Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Drake's Branch, Va

DATE OF BURIAL: Nov. 18, 1932

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 N Schroeder St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84578 (E 6803)

CERTIFICATE OF DEATH

E 84578

117-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Cooper

(a) Residence: No. 1825 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) - 11-25-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
-	47	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) 040

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Tom Cooper

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary V. Allwell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Nov 19 1932

19. UNDERTAKER Fineral Dirs due
(Address) 424 S. Broadway

20. FILED 1932 Huntington Pikesville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932 to Nov 17, 1932

I last saw h. alive on Nov 17, 1932 Death is said to have occurred on the date stated above, at 5 15 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Duodenal ulcer, recurrent	1927
Bronchopneumonia	Nov. 16, 1932
Post-operative hemorrhage (?)	1932

Other contributory causes of importance:
Chronic bronchitis

Name of operation anterior gastro-enterostomy Date of Nov. 15

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) ... M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

E 84579 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 84579

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 24 West Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eunice Alberta Sams

(a) Residence: No. 1525 Covington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 8-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cairo, Md.

MOTHER FATHER

13. NAME Daniel W. Sams

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Sadie L. Patton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Sadie L. Sams

(Address) 1525 Covington St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 14, 1932

19. UNDERTAKER John F. Devon

(Address) Pennsylvania Ave, Md.

20. FILED NOV 17 1932, 19 Huntington Avenue, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1925
Pulmonary Edema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Gilbert, M. D. Coroner

(Address) 1529 Eutaw

AACo. 5-31 2508

E 84580 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84580

CERTIFICATE OF DEATH

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderham Hospital St. 22-6 Ward)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Osen Jarvis Amos

(a) Residence: No. 10 E. York St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of /

6. DATE OF BIRTH (month, day, year) Dec 11, 1931

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Amos

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ella Jackson

16. BIRTHPLACE (city or town) (State or country) Greensboro N. C.

17. INFORMANT Ella Amos
(Address) 10 E. York St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 18, 1932

19. UNDERTAKER John H. Denny
(Address) 15 Light St.

Huntington Millinery, Md.

Nov 17 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1932, to Nov. 16, 1932

I last saw him alive on Nov. 16, 1932 death is said to have occurred on the date stated above, at 6 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	9.1.32
Other contributory causes of importance:	
Bronchopneumonia	10/10/32

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Peter Mezanchin M. D.

(Address) Lyderham Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84581

CERTIFICATE OF DEATH

84581

94-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 E. Northwood St., 9-16 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Mabel Tarris

(a) Residence: No. 508 E Northwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A Tarris

6. DATE OF BIRTH (month, day, year) June 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield Mass

FATHER

13. NAME Baptis Barrett

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Mary Harrington

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT John A Tarris

(Address) 508 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date Nov 18, 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

Nov 17, 1932 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1932 to Nov 16, 1932

I last saw her alive on Nov 16, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Angina Pectoris — Date of onset Nov 16 '32

Other contributory causes of importance: Arteriosclerosis & hypertension — 5 yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W Sanderson M. D.

(Address) 1714 N Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84532

CERTIFICATE OF DEATH

E 84532

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 516 E 28th St., (Ward) 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alonzo M Ruston

(a) Residence: No. 516 E 28th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Alice B Ruston

6. DATE OF BIRTH (month, day, year): abt 1865

7. AGE: Years 66 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grain - tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self. 045

10. Date deceased last worked at this occupation (month and year): 2 yrs

11. Total time (years) spent in this occupation: 45 yrs

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

FATHER

13. NAME: William Ruston

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

MOTHER

15. MAIDEN NAME: Martha Ruston

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT: Alice B Ruston

(Address) 516 E 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Bal-o Cem. Date: Nov 18 1932

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

Thos Williams, Jr. Registrar.

OCT 17 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1932 to Jan 16 1932 Nov 16 1932

I last saw him alive on Nov 16 1932 Death is said to have occurred on the date stated above, at 1.20 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 11/14/32

Other contributory causes of importance:

Arteriosclerosis — Date of onset ?

Name of operation: — Date of: —

What test confirmed diagnosis: Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George Apostolakis M. D.

(Address) 4076 - 25th St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84583

CERTIFICATE OF DEATH

E 84583

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 W. Hamburg St. 21-29 Ward)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M. Binford

(a) Residence: No. Sue Creek Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Charles Binford

6. DATE OF BIRTH (month, day, year) About 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gettysburg Pa.

FATHER

13. NAME ? Bitzel

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph C. Abel

(Address) Sue Creek Md

18. BURIAL, CREMATION, OR REMOVAL

Place Schwarz's Cem Date Nov 19th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 17 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eugene Tillett, M. D. Coroner

(Address) 2739 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84584 E 84584

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1525 Ellamont St. 16-67 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mon. ... ds.

2. FULL NAME Elizabeth Fake

(a) Residence: No. 1525 Ellamont St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L Fake

6. DATE OF BIRTH (month, day, year) Feb 12 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Philip Conrad

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hilda Fake
(Address) 1525 Ellamont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 11/19 1932

19. UNDERTAKER Wm Koch & Son
(Address) 1211 E Fayette St

Filed 1/7 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1932 to Nov 16 1932

I last saw her alive on Nov 10 1932 Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1928
Diabetes	
Pneumonia Bronchial	1932
Arteriosclerosis	1932
Chronic Nephritis	1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) R. Wallace M. D.

(Address) 1211 E Fayette St

OCCUPATION is very important. See instructions on back of certificate.

171932

M. D. B. 1268-9

84585 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 84585

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Montford Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. B. Gladden

(a) Residence: No. 1507 N. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~not living~~ Charlotte E. A. Gladden

6. DATE OF BIRTH (month, day, year) Feb 10th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Officer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co Md

FATHER

13. NAME Geo. W. Gladden

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Elizabeth Shores

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md

17. INFORMANT Charlotte E. A. Gladden

(Address) 1507 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Nov 17th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED Nov 17 1932 Huntington Frazier Registrar.

177032

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to Nov 16 1932

I last saw h. alive on Nov 16 1932 Death is said to have occurred on the date stated above, at 9 ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Lobar Pneumonia, Hypostatic

Name of operation Date of

What test confirmed diagnosis? Clinical History

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X

Manner of injury X X

Nature of injury X X X

24. Was disease or injury in any way related to occupation of deceased?

X X If so, specify

(Signed) Ernest Duker M. D.

(Address) 928 E Northern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84586 — 48 E 84586

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ____

CITY OF BALTIMORE: (No. ____ St. 15-21 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Helen Campbell

(a) Residence: No. 1625 Presstman St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Campbell

6. DATE OF BIRTH (month, day, year) Sept 24 1878

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
54	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Sherwood Tilden

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Mary Evans

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date Nov. 18, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1302 Pressman St

21 1932 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1932 to 11-13, 1932

I last saw her alive on 11-13, 1932. Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cervix	
Metastasis to Bladder wall	
Other contributory causes of importance:	
Uremia	11-9-32

Name of operation None Date of ____

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) Wm Boyce Selby M. D.

(Address) Baltimore City Hosp

M. D. H. 1268-9

E 84587 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84587

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 12-19 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Grant

(a) Residence: No. 1306 Greenmount Ave Formerly Ludowood Sanartarium. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Jessie M. Grant

6. DATE OF BIRTH (month, day, year) Jan 27/1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	14/3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ludowood Sanartarium

10. Date deceased last worked at this occupation (month and year) 2 years ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME James Grant

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Mary A. Sellman

(Address) Severna Park, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Dale Ridge Date 11/18/32

19. UNDERTAKER C. D. Tippett

(Address) Lake Elmer Place Hunting Ton Williams, N.J.

20. FILED 17 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10/32. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 1.13 A.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Failure — Date of onset

Other contributory causes of importance:

Pulmonary Tuberculosis — 1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) X Coroner. M. D.

(Address) 5086 Harford Ave

1-30—M. & T.—100 B—50L

E 84588

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84588

82-002

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 4-7 WARD)

2-FULL NAME George E Miller

(a) RESIDENCE NO. 15 E Pleasant ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 17 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	39	4 3	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Pressman
(b) General nature of industry, business, or establishment in which employed (or employer) 63
(c) Name of employer Lumberland Mf Co

9 BIRTHPLACE (city or town) (State or country) Cattle Md

PARENTS

10 NAME OF FATHER Geo W Miller

11 BIRTHPLACE OF FATHER (city or town) (State or country) Cumberland Md

12 MAIDEN NAME OF MOTHER Rose E Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cumberland Md

14 Informant Records of
(Address) City Hospital

15 Filed NOV 18 1932, 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Autopsy (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 15 E Pleasant

Did an operation precede death? No Date of .....

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) J P Heroog M D, M. D.
Coroner

, 19 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery Arlington Nat Cemetery DATE OF BURIAL Nov 18 1932

20 UNDERTAKER Harry H Whitlock ADDRESS 4104 Edmondson Ave

NOV 18 1932

SEE INSTRUCTION is very important See instructions on back of certificates.

A&Co. 5-31 250B

E 84589 HEALTH DEPARTMENT—CITY OF BALTIMORE E 34589

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 N. Castle Street St. 8-17 Ward)

Length of residence in city or town where death occurred 71 yrs. 7 mos. 2 ds. How long in U.S. if of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Lousia K. Keller

(a) Residence: No. 1825 N. Castle Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of John H. Keller

6. DATE OF BIRTH (month, day, year) April 14, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Waltjen

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Lousia

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. William Keller, (Son)
(Address) 1825 N. Castle Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11-19 1932

19. UNDERTAKER Albert Luth Jr
(Address) 1806 N. Chester Street

20. FILED ... 19... [illegible]
(Registrar)

NOV 18 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1932 to November 16 1932
I last saw her alive on November 16 1932, death is said to have occurred on the date stated above, at 5:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	2 yrs.

Other contributory causes of importance:

Influenza	7 days
Acute Nephritis	7 days

Name of operation — Date of ...
What test confirmed diagnosis? Physical Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [signature], M. D.
(Address) 805 S. North Ave

M. D. B. 1268-9

E 84590 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84590

CERTIFICATE OF DEATH

106-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3700 Fait Ave. St. 26-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan E. Vardy

(a) Residence: No. 3700 Fait Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Vardy

6. DATE OF BIRTH (month, day, year) Dec. 29, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	16 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Cyrus Copper

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Drucilla Sherlock

16. BIRTHPLACE (city or town) Penna. (State or country)

17. INFORMANT Winnie Goller
(Address) 3700 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem. Date Nov. 19, 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED ..... 19 ..... Registrar

NOV 18 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/4/32, 19 ..... to 11/15/32, 19 .....
I last saw her alive on 11/15/32, 19 ..... Death is said to have occurred on the date stated above, at 11-10 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocardial Cedema	
Bronchitis (Chronic)	

Other contributory causes of importance:

Cardiac Hypertrophy	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward A. Taylor M. D.

(Address) 116 S Fait Pl

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 84591

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84591

CERTIFICATE OF DEATH

186-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST. 76-W WARD)

2-FULL NAME Sophia Bauman

(a) RESIDENCE NO 3230 E Lombard ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Bauman

6 DATE OF BIRTH (month, day, and year) Jan 24 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	9	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work — Home D
(b) General nature of industry, business, or establishment in which employed (or employer) — o
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER Henry Hoffman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Not known

14 Informant Henry Bauer.

(Address) 711 S Ellwood ave

Filed NOV 18 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis (Uraemia)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Accidental Fracture of Left Femur (duration) yrs. mos. 2nd ds.

18 Where was disease contracted if not at place of death? 3230 E Lombard

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Hist

(Signed) J. J. Kenna M.D., M. D. Coroner

, 19 (Address) 1305 N Patterson Pk

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Johnsville Cem	Nov 19 1932
20 UNDERTAKER George W Zurkler	ADDRESS 1737 E Eager St

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 84592

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84592

CERTIFICATE OF DEATH

V 92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2935 O'Donnell St. 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Faber

(a) Residence: No. 2935 O'Donnell St., 1st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ludwig Faber

6. DATE OF BIRTH (month, day, year) Nov. 5 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	-	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adam Raffell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Ludwig Faber
(Address) 2935 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Cem. Date Nov. 20 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

Huntingtor Williams, Reg

20. FILED NOV 18 1932 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16 1932

22. I HEREBY CERTIFY, That I attended deceased from November 7 1932 to November 16 1932

I last saw her alive on November 15 1932 Death is said to have occurred on the date stated above, at 10:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism, due to chronic valvular heart disease.	11-7-32
Other contributory causes of importance: Hypostatic congestion of the lungs (pneumonia).	11-14-32

Name of operation Date of

What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell St

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-8

84593 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84593

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Josephs Hosp 5-13 Registered No. 74-001

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank R. Hamilton

(a) Residence: No. 923 Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
About	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ø

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Robert Hamilton

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Catherine Carr

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. George R. Hamilton
(Address) 3125 Brenden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date Nov 19, 1932

19. UNDERTAKER Henry Adeck Sons Inc
(Address) 301 E Eager St Baltimore, Md

20. FILED NOV 19 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1932, to Nov. 17, 1932

I last saw him alive on Nov. 11, 1932 Death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningo-encephalitis	11/8/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Albert Kennard, M. D.
(Address) St Josephs Hosp

M. D. R. 1265-0

E 84594

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84594

CERTIFICATE OF DEATH

V 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 2-49 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Abortion Buckholz

(a) Residence: No. 201 St Martins Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 17-1932

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or 24 min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fred G. Buckholz

14. BIRTHPLACE (city or town) (State or country) California

MOTHER

15. MAIDEN NAME Marjorie Lowd

16. BIRTHPLACE (city or town) (State or country) Illinois

17. INFORMANT (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL
Place Laboratory Of Date 19

19. UNDERTAKER Carnegie Institute
(Address) Washington

20. FILED Nov 18 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature rupture of membranes Expulsion of labor at End of 3 1st month	
Other contributory causes of importance: Pregnancy. Nonviable Foetus	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) John G. Neuwald M. D.

(Address) 9 East Chase Street

Spec.—9-30—A. & Co.—250 Bkg.

Damasicuicz

E 84595

84595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 6437 Eastern Ave ST 26-37 WARD)

2 FULL NAME Eva Domasiewicz

(a) RESIDENCE NO. 6437 Eastern Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 17 32

7 AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or ... min.
✓	✓	✓	✓	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 6437 Eastern Ave Baltimore Md.

PARENTS

10 NAME OF FATHER Walter Michael Domasiewicz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Nowak

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Parents 6437 Eastern Ave

NOV 18 1932 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 '32

17

I HEREBY CERTIFY. That I attended deceased from Nov. 17, 1932, to Nov. 17, 1932

that I last saw her alive on Nov. 17, 1932

and that death occurred, on the date stated above, at 6-00 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth
Pulmonary Edema - following
Breech Extraction

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Leopold Lipsky M. D.

, 19 (Address) 43rd & Falls Road Park.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem.

DATE OF BURIAL Nov. 17 1932.

20 UNDERTAKER Lilly & Zeiler Inc.

ADDRESS 403 S. Wolfe St

M. D. B. 1268-9

84596 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84596

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3805 Hudson St. St., 26 Ward)

Length of residence in city or town where death occurred Unknown. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Frederick Heckwolf.

(a) Residence: No. 3805 Hudson St. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Heckwolf.

6. DATE OF BIRTH (month, day, year) March 5 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mt. Clare Shops.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME George Heckwolf.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ? Laibig

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Elizabeth Heckwolf (Wife)
(Address) 3805 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Cross A.A. Date Nov. 19 1932

19. UNDERTAKER Lilly & Leiby Inc.
(Address) 403 S. Wolfe St.

20. FILED 10 1932 Huntington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15th 1932.

22. I HEREBY CERTIFY, That I attended deceased from ~~Nov.~~ Oct 15-32 to Nov 15-32 19..

I last saw h~~e~~ alive on Nov 15-32 Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1928
Chronic Interstitial Nephritis	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) +) H Feinberg M. D.

(Address) 2712 E. Baltimore St.

Spec.-7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84597

84597

CERTIFICATE OF DEATH

131 V

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 810 N. Dallas St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Perry Roberts

(a) RESIDENCE NO. 810 N. Dallas St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Colored

5 ~~Single~~, ~~Married~~, ~~Widowed~~, or Divorced, (write the word): divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis Roberts

6 DATE OF BIRTH (month, day, and year): Sept 14 1893

7 AGE: Years 39 Months 2 Days 2 IF LESS than 1 day ...hrs. or ...min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Tommerset Co. Md

(State or country)

PARENTS

10 NAME OF FATHER: Dennis Roberts

11 BIRTHPLACE OF FATHER (City or town): Somerset Co Md

(State or country)

12 MAIDEN NAME OF MOTHER: Jennie Stevenson

13 BIRTHPLACE OF MOTHER (city or town): Somerset Co Md

(State or country)

14 Informant: Florence Clark

(Address) 810 N. Dallas St.

15 Filed ..... 19 ..... Registrar

NOV 18 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov. 16, 32.

17 I HEREBY CERTIFY, That I attended deceased from Oct 11 1932 to Nov. 16 1932

that I last saw h~~im~~ alive on Nov 16 1932

and that death occurred, on the date stated above, at 6:30 P.m.

The CAUSE OF DEATH* was as follows:

Acute Carditis

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary) Acute Nephritis

(duration) ...yrs. mos. 16 ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Blood Examination

(Signed) Richard E Easley M. D.

19 (Address) 1514 E. Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Pocomoke City Md.

Date of Burial 11/19/32 1932

20 UNDERTAKER: Thos Ida B Snowden

ADDRESS 1129 N. Eutaw

very important. See instructions on back of certificates.

AACo. 5-31 250B

84598 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84598

CERTIFICATE OF DEATH

108 v

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1406 Harlem St., 16-22 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Wm A Woods

(a) Residence: No. 1406 Harlem St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Nancy Ophelia Woods

6. DATE OF BIRTH (month, day, year) Aug 29 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Woods

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT Nancy O. Woods
(Address) 1116 N Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lamburger Mem Date Nov 18 1932

19. UNDERTAKER Wm. M. Chase Son
(Address) 638 N. Eutaw

FILED NOV 18 1932 Huntington Wilson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1932, to 11/16, 1932

I last saw h... alive on 11/16, 1932 death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ..., M. D.

(Address) ...

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

E 84599

E 84599

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1622 Mc Henry St., 19-28 Ward)

2-FULL NAME Jesse W. Beuty

(a) RESIDENCE NO. 1622 Mc Henry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 2 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Hahn Beuty

6 DATE OF BIRTH (month, day, and year) Sept. 16, 1845

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	87	2	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired 0?3
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad
(c) Name of employer B.O. R.R.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Beuty

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

14 Informant Mrs Bertha Thomas
(Address) 1318 Hollins St

Filed NOV 18 1932 Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio - sclerosis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably chronic myocardial degeneration (duration) unknown yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) Guy H. Cromwell, M. D.

11/18, 1932 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Com

DATE OF BURIAL Nov. 19 1932

20 UNDERTAKER Wm. J. Tuckner & Son

ADDRESS N. 8 Va. Ave.

Important. See instructions on back of certificate.

M. D. H. 12682

E 84600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84600

CERTIFICATE OF DEATH

122-091

Registered No. 26-42

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Virginia Dawson

(a) Residence: No. 4703 Hazelwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. H. H. Dawson

6. DATE OF BIRTH (month, day, year) Aug. 19, 1844

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
88	2	29 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph H. Amey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ellen Wise

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Grace Appler
(Address) 4703 Hazelwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 19 1932

19. UNDERTAKER Wm. Pickner & Sons
(Address) North & Penna Aves

Filed NOV 18 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h... alive on . 19 Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

Shock-Cardiac Failure — Date of onset

Other contributory causes of importance:

Incarcerated Umbilical Hernia

Name of operation Resection Date of 11/14/32

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. H. Price M. D. Coroner

(Address) 508 E. Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84601 CERTIFICATE OF DEATH X/54 E 84601

1. PLACE OF DEATH St Joseph's Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1400 N Caroline St., 9-17 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Adams

(a) Residence: No. Valley Lee, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Valley Lee St Marys Co Md

FATHER
13. NAME Ollie Adams
14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT W. C. Mattingly
(Address) Leonardtown Md

18. BURIAL, CREMATION, OR REMOVAL
Place Valley Lee Md Date Nov. 20, 1932

19. UNDERTAKER W. C. Mattingly
(Address) Leonardtown, Md.

20. FILED Nov 18 1932 Huntington Williams Co Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1932 to Nov 18, 1932
I last saw her alive on Nov. 18, 1932. Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic osteomyelitis of l. femur, tibia & fibula & r. tibia & fibula	
Other contributory causes of importance:	

Name of operation osteotomy Date of 10-20

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Philip Bean M. D.
(Address) St Jos. Hospital

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. R. 1768-9

E 84602

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84602

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 W Monument St. 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME M. Louise Dulin Henry

(a) Residence: No. 107 N. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J Winfield Henry

6. DATE OF BIRTH (month, day, year) Nov 28 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME W. Alexander F. Dulin

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Caroline S. Keene

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henry C Barrett

(Address) Severn Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Dec 17 1932

19. UNDERTAKER Henry H. Perkins Sons

(Address) Huntington & Wilkens, N.Y.

20. FILED DEC 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 7 1932 to Nov 17 1932

I last saw her alive on Nov 17, 1932 Death is said to have occurred on the date stated above, at 7,45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis -	?
Chronic Nephritis -	?
Myocarditis -	?
Coronary Thrombosis.	Oct 7-32

Other contributory causes of importance:

Name of operation None — Date of

What test confirmed diagnosis Laboratory? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify ...

(Signed) Chas. W Larned M. D.

(Address) 1327 Mott Av, Balto. Md.

M. D. H. 1268-9

84603 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 84603

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 46

CITY OF BALTIMORE: (No. Baltimore and St., 77-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ben Diggs

(a) Residence: No. St. Houses Lee & Belair Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Diggs

6. DATE OF BIRTH (month, day, year) June 4 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Cuthbert Ga

FATHER

13. NAME John —

14. BIRTHPLACE (city or town) (State or country) Cuthbert Ga

MOTHER

15. MAIDEN NAME Maudy Dixon

16. BIRTHPLACE (city or town) (State or country) Elliott S C

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury, Evergreen Date Nov. 19, 1932

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

Filed NOV 18 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1932 to 11-16, 1932

I last saw h ill alive on 11-16, 1932 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum & sigmoid flexure and retroperitoneal lymph nodes	8-1932

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

11-16-32 (Signed) Elyse Lightner M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

84604

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84604

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2706 Roslyn St. 15-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Monterey Stockett

(a) Residence: No. 2706 Roslyn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W Stockett

6. DATE OF BIRTH (month, day, year) Feb 18. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	78	9	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John W Jones

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Warind

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Arthur Stockett
(Address) 2706 Roslyn

18. BURIAL, CREMATION, OR REMOVAL
Place Davidsonville a.a.co.md Date Nov 20. 1932

19. UNDERTAKER Wm J Tuckner & Sons
(Address) Huntington & Pulaski Sts

20. FILED 10 1932 Huntington & Pulaski Sts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18. 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-8. 1932 to 11-17. 1932

I last saw h[illegible] alive on 11-17. 1932 Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration a collapse	

Other contributory causes of importance:

Senility. Cerebral sclerosis Myocardiac degeneration

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Carlos E Fehrenbacher, M. D.

(Address) 719 Park Ave

AaCo. 5-31 2508

84605 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23 E 84605

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 E. Eager St. 10-14 St. ..... Ward)

Length of residence in city or town where death occurred 20 yrs. 11 mos. 10 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Genevieve M. Pressimone

(a) Residence: No. 1008 E. Eager St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Pressimone

6. DATE OF BIRTH (month, day, year) Dec. 1st 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
20 yrs	11 mo	10 ds	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Stanley Gilpin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. MAIDEN NAME Genevieve Hepburn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frank Pressimone
(Address) 1008 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery Date Nov. 19, 1932

19. UNDERTAKER Edgar W. Conklin
(Address) 914 E. Eager St

CERTIFIED Huntington Williams N.D.
Registrar

0 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932 to Nov 16, 1932

I last saw h[illegible] alive on Nov 16 1932 death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 32
(b) contributory causes of importance Pulmonary Edema	11/14/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James A. Lazenby M. D.

(Address) 721 Medical Arts

AACo. 5-31 250B

84606

HEALTH DEPARTMENT—CITY OF BALTIMORE

84606

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 044 Gough (Street) 17 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Clark

(a) Residence: No. 044 Gough St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-17-32

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Laura Clark

14. BIRTHPLACE (city or town) (State or country) Texas, Md

FATHER

15. MAIDEN NAME Laura Clark

16. BIRTHPLACE (city or town) (State or country) Texas, Md

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Date Nov. 18, 1932

19. UNDERTAKER [illegible]
(Address) Huntington Ave, Md

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-17-32, 19..., to 11-18-, 1932
I last saw h[illegible] alive on 11-18 1932 death is said to have occurred on the date stated above, at 3:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature delivery	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) J. E. Warnagis, M. D.
(Address) 838 Lanvale St

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84607 ✓ E 84607

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5200 Fern Park Ave 29-6th (Ward)

Length of residence in city or town where death occurred 64 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Hildebrandt

(a) Residence: No. 5200 Fernpark Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna W. Hildebrandt

6. DATE OF BIRTH (month, day, year) Sept. 25, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	1	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Musical Instrument

10. Date deceased last worked at this occupation (month and year) 7-1932 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles F. Hildebrandt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary C. Wayne

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Anna W. Hildebrandt

(Address) 5200 Fernpark Ave City

18. BURIAL, CREMATION, OR REMOVAL Harford Co.

Place Forest Rum Cem Date Nov. 19 1932

19. UNDERTAKER F. Madison Mitchell

(Address) Havre de Grace Md.

20. FILED Huntington Williams, Registrar.

R. C. H.

81932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from February, 1932 to Nov. 17, 1932

I last saw him alive on Nov 17, 1932 Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Franklin Hazlehurst, M. D.

(Address) 4 E. Biddle St. Baltimore Md.

M. D. B. 1268-9

84608 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84608

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 745 N. Gay St. 10-14 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Kettler

(a) Residence: No. 745 N. Gay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Thomas F. Kettler

6. DATE OF BIRTH (month, day, year) Oct 16th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME George Deiwald

14. BIRTHPLACE (city or town) (State or country) Bowie Md

MOTHER

15. MAIDEN NAME Minnie Millbrook

16. BIRTHPLACE (city or town) (State or country) Bowie Md

17. INFORMANT Mrs Elizabeth Pfleiger

(Address) 745 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov 19th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St.

20. ..... Registrar.

8 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1932 to Nov 17 1932

I last saw h~~e~~r alive on Nov 16 1932 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Chronic Nephritis Endocarditis	
with Marked Hypertension	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84609 E 84609

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2420 W. Lanvale St., 16-64 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Roden

(a) Residence: No. 2420 W. Lanvale St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Roden

6. DATE OF BIRTH (month, day, year) April 17, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly housewife 7 yrs ago

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) not known Ireland

FATHER

13. NAME Lawrence Revell

14. BIRTHPLACE (city or town) (State or country) not known Ireland

MOTHER

15. MAIDEN NAME Margaret Donovan

16. BIRTHPLACE (city or town) (State or country) not known Ireland

17. INFORMANT Mr. Frederick L. Roden
(Address) 2416 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Nov. 21 . 1932

19. UNDERTAKER Robert C. Cook
(Address) 1005 W. Baltimore St.

19 1932 Huntington Hallowell, M.D.
(Signature) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from about 1910 to Nov 18 1932

I last saw her alive on Nov 17, 1932 Death is said to have occurred on the date stated above, at 3.30 Am.

The principal cause of death and related causes of importance were as follows:

	Duration
Pneumonia following Chronic nephritis	4 days (10 yrs?)

Other contributory causes of importance:

osteo myelitis left patella	15 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. M. Magee, M. D.

(Address) 1010 S. Ellwood Ave.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84610

CERTIFICATE OF DEATH

63

E 84610

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hopkins Hospital St., 17-25 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriett W. Smith

(a) Residence: No. 417 Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Perry Smith

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Claiborne

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elizabeth Smith
(Address) 417 Pine St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 19, 1932

19. UNDERTAKER Virginia A. Brooks
(Address) 14 ~~Huntington Ave, Mt Washington Hill St~~

Nov 19 1932, 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 5.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Ascites & Ricketts	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. J. H. Green Coroner, M. D.

(Address) 5386 Ront ...

Spec.—8-16-29—L. F. S.—100 Bks.

E 84611 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84611

CERTIFICATE OF DEATH 131

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 1703 N Carey ST. 15-24 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mildred Myers Johnson

(a) RESIDENCE NO. 1703 N Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: f

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Johnson

6 DATE OF BIRTH (month, day, and year): 1905

7 AGE: Years 27 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Homemaker
(b) General nature of industry, business, or establishment in which employed (or employer): 070
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Thomas Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Lottie Horsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Lottie E. Washington
(Address): 1703 N. Carey St

15 Filed: Huntington Williams Registrar

19 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 16, 32

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932, to Nov 16, 1932, that I last saw her alive on Nov 16, 1932 and that death occurred, on the date stated above, at 11P m.

The CAUSE OF DEATH* was as follows:

Chronic Parenchymatous Nephritis (duration) yrs. 4M mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) L. H. McCard M. D.

19 (Address) 2029 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 19 1932

20 UNDERTAKER: Virginia A. Brooks — ADDRESS: 1462 N. Carey

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84612 E 84612

CERTIFICATE OF DEATH

93-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 737 George St., 18-26 (Ward)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucille Elfus
(a) Residence: No. 737 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edw. Elfus

6. DATE OF BIRTH (month, day, year) Jan 6 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year) 2 8

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clayton Va

MOTHER FATHER

13. NAME Santo Wells

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Edna Ferguson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edw Elfus
(Address) 737 George

18. BURIAL, CREMATION, OR REMOVAL
Place Pt. Mem Cem Date Jan 19, 1932

19. UNDERTAKER Walter B. Sangston
(Address) 13 Park Square

20. FILED JAN 19 1932 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h alive on Jan 7 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Failure	
2 Days	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Leon Corner, M. D.
Coroner
(Address) .....

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84613 E 84613

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Fifty yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cornelia Scott Thomas

(a) Residence: No. 622 George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Thomas

6. DATE OF BIRTH (month, day, year) Feb. 14, 1892

7. AGE — Years 40 | Months 9 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER FATHER

13. NAME Andrew Henry

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Scott

16. BIRTHPLACE (city or town) (State or country) Hard Co. Md

17. INFORMANT Patient (Address) 622 George St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 11/18, 1932

19. UNDERTAKER Earl T. Hensley (Address) 5782 Belair Rd

Huntington Hollows, Md.

Filed ..... 19 ..... Registrar.

9 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932 to Nov 16, 1932

I last saw h. alive on Nov 15, 1932 Death is said to have occurred on the date stated above, at 7:30 A m.

The principal cause of death and related causes of importance were as follows:

Ca Carcinoma Breasts & Metastasis to Regional Glands & Lungs — Date of onset 8 Mos. ago

Other contributory causes of importance:

Bronchopneumonia — Nov 14

Name of operation No — Date of .....

What test confirmed diagnosis? CF — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84614

CERTIFICATE OF DEATH

11-001 E 84614

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 898 Boyd St., 18-29 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene Chase

(a) Residence: No. 898 Boyd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Eugene Chase

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER FATHER

13. NAME Wm Chase

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

15. MAIDEN NAME Harriett Johnson

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Brezell Chase

(Address) 898 Boyd

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 11/19 1932

19. UNDERTAKER Samuel J Dempsey

(Address) 375 Druid Hill Ave

Huntington Williams Asst Registrar.

19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1932 to Nov 17 1932

I last saw h[illegible] alive on Nov 17 1932. Death is said to have occurred on the date stated above, at 7.30 a-m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	11 Nov 32

Other contributory causes of importance:

[illegible]	11 Nov 32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

11/19 (Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84615 E 84615

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 34 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St., 16-26 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Johnson Chase

(a) Residence: No. 1043 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of David —

6. DATE OF BIRTH (month, day, year) July 7 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 610

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Elijah Boozer

14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER

15. MAIDEN NAME Josephine Boozer

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Records Bolton
(Address) City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 11/21 1932

19. UNDERTAKER Samuel F. Hemsley
(Address) 578 W Baltimore St

20. Filed 11-18-1932 Huntington Nathaniel, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-25 1932 to 11-17 1932

I last saw h[illegible] alive on 11-17 1932 Death is said to have occurred on the date stated above, at 11:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Hypertension	?
Other contributory causes of importance:	
Tuberculosis	11-1-30
Typhoid - Positive Stool reaction	11-17-32

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

11-17-32 (Signed) Edwin H. Scott M. D.

(Address) Balto. City Hospitals

M. D. H. 1268-9

E 84616 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84616

CERTIFICATE OF DEATH

82-001

Registered No. 27-44

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4902 Walther Blvd. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia A. Bing

(a) Residence: No. 4902 Walther Blvd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 9, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -- None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Conrad Bing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George J. Bing
(Address) 3309 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Jerusalem Luth. Date Nov. 20, 1932

19. UNDERTAKER Frederick Sausbacher
(Address) 7401 Belair Road

19 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 17th, 1932, to Nov 17th, 1932

I last saw her alive on Nov 17th, 1932 Death is said to have occurred on the date stated above, at 10:40 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 11-17-32

Other contributory causes of importance:

None

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. No

(Signed) L. L. Gordy. M. D.

(Address) Harford Rd & Cleveland Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84617 E 84617

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 34

CITY OF BALTIMORE: (No. Baltimore Ward) St. 1 [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaiah Austin

(a) Residence: No. 937 Mason St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 6 [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ?, Virginia

FATHER

13. NAME Sterling ?

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Margaret Jones

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Baltimore City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 11-19 . 32

19. UNDERTAKER Dennis Eagan

[illegible] Huntington, W. Va.

20. FILED [illegible] 19 32 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17 . 32

22. I HEREBY CERTIFY, That I attended deceased from 7-20 . 32 to 11-17 . 32

I last saw him alive on 11-17 . 32 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Toxic with acute insufficiency	7-10-32

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

11-17-32 (Signed) Elmer Hitchcock M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

84618 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84618

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 23-31 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Murray

(a) Residence: No. 13 N. West St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Pugh.

6. DATE OF BIRTH (month, day, year) March 12 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Murray.

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm. Murray.
(Address) 1032 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 11-19 1932

19. UNDERTAKER E & B Harle
(Address) 115 E. 21st St.

Registrar.

19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd 1932 to Nov 18th 1932

I last saw h.. alive on Nov 18th 1932 Death is said to have occurred on the date stated above, at 9:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Penile tumor, Carcinoma — amputation of penis.	Nov.
Other contributory causes of importance: Bronchial Pneumonia	Nov. 17th.
Secondary anemia.	1932

Name of operation Excision of penis Date of 10-12-1932

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John Frederick Simmons M. D.

(Address) University Hospital.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84619 46 E 84619

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 N Calhoun ST., 14-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Conway

(a) RESIDENCE NO. 337 N. Calhoun ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Conway

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	66			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Mary Bell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Cordelia Townsend (Sister)
(Address) 1602 W. Franklin

15 Filed Nov 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 17-32

17 I HEREBY CERTIFY, That I attended deceased from Nov 16, 1932, to Nov 17, 1932

that I last saw h[illegible] alive on Nov 16, 1932

and that death occurred, on the date stated above, at 4-P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

Indigestion (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Toxemia

Indigestion (duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Duration

(Signed) J. Edward Fisher, M. D.

11-18 1932 (Address) 1612 E. Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	Nov 20 1932
UNDERTAKER James A Hayes	ADDRESS 142 North St

M. D. B. 1268-9

E 84620

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84620

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 637 S Lakewood St., 3 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rozalia Walas

(a) Residence: No. 637 S Lakewood St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of Adam Walas
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Wincty Szumor

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Adam Walas

(Address) 637 S Lakewood

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cemetery Date Nov 21st 1932

19. UNDERTAKER George A Weber

(Address) 637 S Lakewood Huntington Hillsville, Md

19 1932

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h — alive on ... 19 ... Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset ...

Other contributory causes of importance:

Name of operation Autopsy Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) R Kiernyand M. D.
Coroner

(Address) 1205 N Fallsway

M. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

84621 84621

CERTIFICATE OF DEATH

82-004 Registered No.

1. PLACE OF DEATH Polish. 10-S. Patterson Park ave.
CITY OF BALTIMORE: (No. Old aged Home for Women St., 1-3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? 49 yrs. mos. ds.

2. FULL NAME Eva Dudzinska

(a) Residence: No. 10 S. Patterson Park ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ WIFE of Late Szymon Dudzinski

6. DATE OF BIRTH (month, day, year) About 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	----	----	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Louis Dudek (Son)
(Address) 412 S. Robinson Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Cem, Nov, 22/1932 19

19. UNDERTAKER Siegel R. Weber
(Address) 1625 E. Baltimore Street

19 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) II/18/32 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1932 to Nov. 18 1932
I last saw her alive on Nov. 15 1932 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Hemiplegia

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation ——— Date of

What test confirmed diagnosis? P.M.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John J. Kraus M. D.
(Address) 2122 Eastern Ave.

. B. 1268-9

84622 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84622

CERTIFICATE OF DEATH

~108

PLACE OF DEATH

TY OF BALTIMORE: (No. Provident Hosp. 16-23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Eugene Clayton

(a) Residence: No. 1314 W La Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: Male Col

5. Single, Married, Widowed, or Divorced (write the word): Single

f married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Aug 24 1932

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	25	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Butler

3. NAME Hoyt Clayton

4. BIRTHPLACE (city or town) (State or country) Ala

5. MAIDEN NAME Ollie Johnson

6. BIRTHPLACE (city or town) (State or country) Ala

NFORMANT (Address) Ollie Clayton 1314 W La Fayette St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/19/ 1932

NDERTAKER (Address) Mrs Geo H Hooker 1631 Druid Hill Ave

Huntington Indiana

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia 2 days

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Duck Coroner . M. D.

(Address) Coroner

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84623 — 23 — E 84623

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1415 W. Mosher ST. 16-22 WARD)

2-FULL NAME Edna Rosetta Roane

(a) RESIDENCE NO. 1415 W Mosher ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 2-1913

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Wm. A. Roane

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Sarah

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Sarah Roane
(Address) 1415 W. Mosher St

15 Filed 11-19 1932 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/15 1932.

17 I HEREBY CERTIFY, That I attended deceased from 8/30, 1932 to 11/15, 1932.

that I last saw h[illegible] alive on 11/15, 1932.

and that death occurred, on the date stated above, at 7.45 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. M. Pigott, M. D.

11/17 1932 (Address) 1536 W. Lanvale St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 11/19 1932

20 UNDERTAKER Mr. George F. Kolb

ADDRESS 1631 Druid Hill

M. D. B. 1268-9

E 84624

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84624

CERTIFICATE OF DEATH

V 135

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 Rutland Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Page

(a) Residence: No. 837 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Page

6. DATE OF BIRTH (month, day, year) 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79 ~~1853~~	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falmouth Va

MOTHER FATHER

13. NAME Chas Stewart

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Judith Steward

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Daughter

(Address) 837 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date Nov 20 1932

19. UNDERTAKER James Adams

(Address) 1122 Hanover St

9 1932 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 17 Nov. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 - 1932 to Nov. 16 - 32 19

I last saw h alive on Nov. 16 1932 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age with a Nervous Prostration	Oct 15 - 1932
Other contributory causes of importance: Subacute Hepatitis -	Nov 1932

Name of operation Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. H. Walters M. D.

(Address) 1026 N Eden

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84625 E 84625

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore md St. 11-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. dis. How long in U. S. If of foreign birth? yrs. mos. dis.

2. FULL NAME Samuel Adams

(a) Residence: No. 713 S. Paul St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 22, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER FATHER

13. NAME Samuel Adams

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date, 11/19/32

19. UNDERTAKER Pita Gredfield
(Address) 914 Greenmount Ave

Huntington Williams, M.D.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-32

22. I HEREBY CERTIFY, That I attended deceased from 5-20-32 to 11-18-32

I last saw h... in alive on 11-18-32 Death is said to have occurred on the date stated above, at 3:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-13-32
Other contributory causes of importance: Hemorrhage into cerebrum with residual hemiplegia	4-20-32

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

11-19-32 (Signed) Elmer Hitchcock M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

84626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 16 E 84626

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 11-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Richardson

(a) Residence: No. 701 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-14-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME HUBERT LANE

14. BIRTHPLACE (city or town) (State or country) AYDEN N.C.

MOTHER

15. MAIDEN NAME MAGGIE RICHARDSON

16. BIRTHPLACE (city or town) (State or country) HAMLET N.C.

17. INFORMANT Mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date 11-20-32

19. UNDERTAKER Commissioner Health.

(Address)

19 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-14- 1932 to 11-15- 1932

I last saw him alive on 11-15- 1932 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	11-14-32
Other contributory causes of importance:	
Lobar pneumonia and nurse	11-14-32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) R. Richard Smith M. D.

(Address) Univ. Hosp.

M. D. B. 1268-9

E 84627

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84627

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 9-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth A Wilson

(a) Residence: No. Stemmer's Run, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel E. Wilson

6. DATE OF BIRTH (month, day, year) Nov. 10-1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

FATHER

13. NAME David Schaeffer.

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Ellen Casey

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Walter D. Wilson
(Address) Stemmers Run Rd

18. BURIAL, CREMATION, OR REMOVAL. Mt Carmel Cem 11/21 1932
Place

19. UNDERTAKER Fredrick Gussaks Son
(Address) 2401 Belair Rd

20. FILED Huntington Williams, Mgr
11/21

9 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1932, to Nov 17, 1932, I last saw h.. alive on Nov 19, 1932. Death is said to have occurred on the date stated above, at 1:34 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Other contributory causes of importance: Diabetes Mellitus	
Senesa	

Name of operation Exploratory Operation Date of 11/17/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. F. Young M. D.

(Address) St. Joseph's Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84628

CERTIFICATE OF DEATH

E 84628

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Walker Eaton Avenue St., 12-50 Ward)

Registered No. 161

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Mitchell

(a) Residence: No. 402 E. 25th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-17-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1 day old		1 day	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Howard E. Mitchell

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Helen J. Rossiter

16. BIRTHPLACE (city or town) (State or country) Terre Haute Ind.

17. INFORMANT Mr Howard Mitchell

(Address) 402 E. 25th St. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Nov. 19 1932

19. UNDERTAKER Mrs. Albert E. Fuller

(Address) 432 Harford Ave. Huntington Woods, Md.

Filed 9 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18/32

22. I HEREBY CERTIFY, That I attended deceased from 11-17-1932, to 11-18-1932

I last saw h... alive on 11-18-1932. Death is said to have occurred on the date stated above, at 830 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Congenital Atelectasis of Lungs

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. Alfred Warfield, M. D.

(Address) St. Agnes Hos

I-30—M. & T.—100 B—50L

84629

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84629

CERTIFICATE OF DEATH

X 82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH S/S Wytheville 18 miles off Cape Henry. ST. 24-34 WARD

CITY OF BALTIMORE: (No. .....

2-FULL NAME Jessie F. McCullough.

(a) RESIDENCE NO ..... Dillsburg, Pa. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nettie V. McCullough

6 DATE OF BIRTH (month, day, and year) November 24, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	11	1 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Captain S/S
(b) General nature of industry, business, or establishment in which employed (or employer) Wytheville.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Michigan.

PARENTS

10 NAME OF FATHER Thomas McCullough.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Canada.

12 MAIDEN NAME OF MOTHER Ellen Horne.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Michigan.

14 Informant Nettie V. McCullough. (wife)

(Address) Dillsburg Pa.

15 9 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Obolitery.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Leinhardt, M. D. Coroner

11/19/32, 19 (Address) 1017 St. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dillsburg Penna

DATE OF BURIAL 11/19 1932

20 UNDERTAKER William Cook

ADDRESS 1217 St. Paul

Cor.—10-10-29—A Co.—100 Bks.

Elizabeth M. Baldwin

E 84630

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84630

CERTIFICATE OF DEATH

X V23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 313 Fulton ave St. 27-46 (Ward)

2-FULL NAME Elizabeth M. Baldwin

(a) RESIDENCE NO. Hillsmere Md St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): married

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jas. F. Baldwin

6 DATE OF BIRTH (month, day, and year): Feb 2 1870

7 AGE: Years 62 | Months 9 | Days 17 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer): Housewife 37
(c) Name of employer .....

9 BIRTHPLACE (city or town) .....
(State or country) W. Va

PARENTS

10 NAME OF FATHER Harrison McNemar

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) W Va

12 MAIDEN NAME OF MOTHER Amelia Agg

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) W. Va

14 Informant Arthur F Baldwin Jr.
(Address) 313 E McCrae Ave Bellgate

NOV 20 1932 Huntington Williamsport Md.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry:) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage, from
Cancer
Prob. T. B.
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Edw Rossmann, M. D.

11/19, 1932 (Address) 1532 Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Millsmere Md — DATE OF BURIAL: Nov 21 1932

20 UNDERTAKER: W. Thos. Williamson Son — ADDRESS: Walbrook Md.

Spec.—2-29-28—1.. F. S.—500 Bks.

E 84631

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84631

121

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Genl Hospital ST. 8-40 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Seidel

(a) RESIDENCE NO. 3153 Eleanor Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Emily Seidel

7 DATE OF BIRTH (month, day, and year) May 7th 1876

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	6	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None (retired)

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Penn.
(State or country)

10 NAME OF FATHER John Seidel

11 BIRTHPLACE OF FATHER (city or town) Penn.
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Stood

13 BIRTHPLACE OF MOTHER (city or town) Penn.
(State or country)

Informant Hospital Record.

(Address)

20 1932 Huntingtop Williams, N.J. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/18/32

17 I HEREBY CERTIFY, That I attended deceased from 11/12-32, 19..., to 11/18-32, 19..., that I last saw h in alive on 11/18/32., 19..., and that death occurred, on the date stated above, at 5:15 P m.

The CAUSE OF DEATH* was as follows:

Ruptured appendicitis
Peritonitis

(duration) ... yrs. ... mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 7 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 11/12/32

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Symp.

(Signed) J. J. Chance, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood

DATE OF BURIAL Nov 21st 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St.

E 84632

Spec. 6-9-19 H. R. Co.—1000 Blks.

E 84632

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH.

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 N. Gay ST. 10-14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James H. Winchester

(a) RESIDENCE. NO. 826 N. Gay ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos. ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed or divorced~~ HUSBAND of (or WIFE of) Ella E. Winchester

6 DATE OF BIRTH (month, day, and year) Aug 10th 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Keeper

(b) General nature of industry, business, or establishment in which employed (or employer): Store

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER James F. Winchester

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER Rose Mullen

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): Ella E. Winchester 826 N. Gay St.

15 Filed Nov 20 1932 Huntington Wolfe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 18th 1932

17 I HEREBY CERTIFY, That I attended deceased from July 2 1932, to Nov 18 1932, that I last saw him alive on Nov 18 1932, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

1. Chronic Myocarditis

(duration) yrs. 11 mos. ds.

CONTRIBUTORY (Secondary) Nephritis and Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Dr. H. Wenck, M. D.

1109 19 (Address) Cremation

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto. Cemetery — DATE OF BURIAL: Nov 21st 1932

ADDRESS

20 UNDERTAKER Wm Cook 1217 St. Paul st.

20 1932

30—M & T—100 B—50L

M E 84633

210-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 1a.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. WARD

2-FULL NAME Robert M. Baker (alias Robert M. Fisher)

(a) RESIDENCE NO. 1414 S. Reynolds ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma M Baker

DATE OF BIRTH (month, day, and year) Dec 23, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	26	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) Self 015
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Penna

10 NAME OF FATHER Emma Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Emma Gruber

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

Informant (Address) 1414 S. Reynolds

Filed ..... 193 ..... Registrar

01932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest & autopsy (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Intestinal hemorrhage
Broncho Pneumonia (duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Struck by automobile (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Key Highway & Boyle St

Did an operation precede death? No Date of

Was there an autopsy? Yes 11/19/32

What test confirmed diagnosis? Struck by auto while crossing street

(Signed) Joseph Pokorny, M. D. Coroner

19 (Address) 2210 E Madison St 11/19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL Nov 22nd 1932

ADDRESS

20 UNDERTAKER Wm Cook 1217 E Biddle St

M. D. B. 1268-9

84634 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 84634

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Home for Aged M. E. Church — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2211 Rogers Ave. St. 27-54 Ward.

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma V. Walters

(a) Residence: No. Home for the Aged of the St. M. E. Church Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert Walters

6. DATE OF BIRTH (month, day, year) Febry 1. 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Miriam Gregg

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Susanna Koontz

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Etta Gruber Sister
(Address) 2211 Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cem Date Nov 21 1932

19. UNDERTAKER A. S. Marshall
(Address) 3531 Falls Road

20. FILED Nov 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1932 to Nov. 19 1932

I last saw her alive on Nov. 18 1932 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Some years
Pericarditis	6 mos.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George C. Shannon M. D.

(Address) 706 Fulton Ave

M. D. R. 1268-9

E 84635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84635

V 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5507 Hamble ave 5-60 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 2 yrs. ... mos. ... ds.

2. FULL NAME Phillip Cohen

(a) Residence: No. 2127 N. Smallwood St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophie

7. DATE OF BIRTH (month, day, year) 11 71

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT William Cole — Son

(Address) 5507 Hamble ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Bate Hebrew Date 11-20-32 19

19. UNDERTAKER Jack Lewis

(Address) 1439-41-E. Lombard St.

NOV 20 1932 Interring Rep. Williams, N.Y.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1932 to Nov 19th, 1932.

I last saw him alive on Nov 19th, 1932. Death is said to have occurred on the date stated above, at 5.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic cardio-vascular renal disease	
Cerebral Embolism	
Other contributory causes of importance:	
Hypertension.	
Arthritis	

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ~, 19...

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Harry A. Fine, M. D.

(Address) 120 Eutaw St.

M. D. B. 1268-9

E 84636

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84636

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 Rutland ave St., 13 Ward)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 13 yrs. ... mos. ... ds.

2. FULL NAME Ruth Berger

(a) Residence: No. 941 Rutland ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Berger

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harris Braun

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Vivian

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Braun - Brother
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 11-20 19 32

19. UNDERTAKER Jack Lewis Inc.
(Address) 1434 E. Baltimore St.

FILED 20 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Embolus	11/18/32

Other contributory causes of importance:

Carcinoma Gall Bladder	???

Name of operation Exterpation Date of Aug/32

What test confirmed diagnosis Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

E 84637 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84637

V47

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Rutland & Belmont Ave. 43-54 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Joseph Kellman

(a) Residence: No. 3214 Brookfield Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Kellman

6. DATE OF BIRTH (month, day, year) 3-15-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 64?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Moses Fr. Kellman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca Friedel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benj. Kellman

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fetter Mt Carmel Date 11-20-32

19. UNDERTAKER Jack Levi Sons

(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from November 19. 1932 to Nov 19. 1932

I last saw him alive on November 19. 1932 Death is said to have occurred on the date stated above, at 7:25 p. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov. 18.
Carcinoma of Lungs	1931

Other **contributory causes** of importance:

Chronic - myocardial deg	
Bronchopneumonia	Nov 18.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard Robert Coleman M.D.

(Address) Sinai Hospital

M. D. B. 1268-9

84638

HEALTH DEPARTMENT—CITY OF BALTIMORE 84638

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4437 Pall Mall Road St.) (Ward) 6

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Wise

(a) Residence: No. 4437 Pall Mall Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Isaac Wise

6b. DATE OF BIRTH (month, day, year): 1885

7. AGE — Years: 47 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Louis Pepper

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Hetta —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Isaac Wise
(Address): 4437 Pall Mall Road

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Lebanon Date: 11-20- 1932

19. UNDERTAKER: Jack Lewis Inc
(Address): 1431 E. Baltimore St

11 20 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-19- 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

Irregular Pectoris

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19 .

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Mooney Coroner M. D.

(Address) 3162 Reisterstown

M. D. B. 1268-B

E 84639

84639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 v

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 239 S Duncan St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary (nee) Chmielewska

(a) Residence: No. 239 S Duncan St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Chmielewska

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John Dymowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Chmielewski

(Address) 239 S Duncan St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Nov 21 1932

19. UNDERTAKER P. Rozanski

(Address) 1900 Eastern Ave.

20 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1932 to Nov 16 1932

I last saw h[illegible] alive on Nov 15 1932 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	1 D.

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. Heller M. D.

(Address) 1937 Bond St.

M. D. H. 1268-9

84640

HEALTH DEPARTMENT—CITY OF BALTIMORE

84640

CERTIFICATE OF DEATH

1561 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Vickers Road St. 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophie Grote,

(a) Residence: No. 3202 Vickers Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Grote,

6. DATE OF BIRTH (month, day, year) October 12.1861

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
71	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Francis Weigand,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Carolina Pappe,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Caroline E. Grote,

(Address) 3202 Vickers Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date NOV 21 1932

19. UNDERTAKER George W. Little,

(Address) 2700 Edmondson ave.

NOV 20 1932 Huntington Wilson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 18 1932

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1932 to November 18, 1932

I last saw h[illegible] alive on Nov. 18, 1932. Death is said to have occurred on the date stated above, at 12:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism.	11/17/32
Coronary Thrombosis	11/10/32

Other contributory causes of importance:

Hypertension & Nephritis	?

Name of operation — Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Maurice E. Shamer M. D.

(Address) 3300 N. Howard St.

Spec.—1-30—M. & T.—250 Bks.

E 84641

84641

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2630 E. Oliver ST., 8-16 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Buettner

(a) RESIDENCE NO. 2630 E Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of: None

6 DATE OF BIRTH (month, day, and year): April 30 1885

7 AGE: Years 47 Months 6 Days 20 If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Henry Buettner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Gertrude Hoke

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Mrs. M. Buettner 1176 Cleveland St

15 Filed Nov 19 1932 Huntingtown Williams N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 14 32

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 1930 to Nov 19 1932

that I last saw her alive on Nov 18 1932

and that death occurred, on the date stated above, at 1.10 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Pelvis

(duration) 2 yrs. 2 mos. 7 ds.

CONTRIBUTORY (Secondary) Carcinoma of Kidney

(duration) ....yrs. 11 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M D Neill M. D.

11/19 1932 (Address) 108 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Nov 22 1932

20 UNDERTAKER: J. Adams & Co. — ADDRESS: 3432 Eastern Ave

20 1932

E 84642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84642

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 211 Connecticut Ave. (St.) 28-71 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth?...yrs. ...mos. ...ds.

2. FULL NAME James J. Corbett

(a) Residence: No. 211 Connecticut Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 11-1873

7. AGE: Years 59 | Months 6 | Days 17 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Patrick Corbitt

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret A. Ryan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Miss Margaret Corbitt

(Address) 211 Connecticut Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Nov 21 32

19. UNDERTAKER: Morgan J. Flynn

(Address) 1020 Eutaw St

Filed Nov 21 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1932 to Nov 18, 1932

I last saw him alive on Nov 17, 1932 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Cardiac dilatation	11/16
Other contributory causes of importance: Myocarditis, Arteriosclerosis	2

Name of operation: ... Date of ...

What test confirmed diagnosis? Clinical symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James J. Rosenberg M. D.

(Address) 721 Mt Vernon Pl

AACo. 5-31 250B

84643 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84643

CERTIFICATE OF DEATH

93-103

Registered No. 20-64

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2704 W. Franklin St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lolo Chaney

(a) Residence: No. 2704 W. Franklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon G. M. Chaney

6. DATE OF BIRTH (month, day, year) March 4th. 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co.
(State or country) Maryland.

13. NAME Marine Devall

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Emily Gardner

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Mr. Chaney
(Address) 2704 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Nov. 21st 19 32

19. UNDERTAKER Chas. H. Bayne & Son
(Address) 118 W. Mt. Royal Ave

DEC 20 1932 Huntington Pub. Co. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18th. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2 1932 to Nov 18 1932

I last saw h alive on Nov 18 1932 death is said to have occurred on the date stated above, at 10 20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	1931
Hypertension	
Other contributory causes of importance: Myocarditis	June 1932

Name of operation None Date of

What test confirmed diagnosis? Blood pressure Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Davis M. D.

(Address) 2145 N. Bals Ave 1932

M. D. H. 1368-B

E 84644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84644

CERTIFICATE OF DEATH

1. PLACE OF DEATH (Baltimore City Hospitals 34) Registered No.

CITY OF BALTIMORE: (No. Baltimore md St. 11-34 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Birdie Palmer

(a) Residence: No. 936 Booth St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Palmer

6. DATE OF BIRTH (month, day, year) May 10 1855?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Wm Lewis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Harriet Thomas

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Patient Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Wic Rock Cem. Date Nov 21 1932

19. UNDERTAKER E. M. Snyder
(Address) Mt. Washington

DATE 11-21-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-16 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-13 1932 to 11-16 1932

I last saw h[er] alive on 11-16 1932 Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Chronic with acute insufficiency	Nov 1931

Other contributory causes of importance:

None

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-16-32 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

Spec.—2-29-28—L. F. S.—500 Bks.

E 84645

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84645

CERTIFICATE OF DEATH

X 117-002

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. (Hospital).

2—FULL NAME Oscar Chaney

(a) RESIDENCE NO. 1863 E. 20th ST., WARD Laurel Md

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Betty Chaney

DATE OF BIRTH (month, day, and year) July 17 1928

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4 x	4	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Trainer

(b) General nature of industry, business, or establishment in which employed (or employer) 086

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Portland, Tenn.

10 NAME OF FATHER Geo. Chaney (?)

11 BIRTHPLACE OF FATHER (city or town) Portland (State or country) Tenn

12 MAIDEN NAME OF MOTHER Swann (?)

13 BIRTHPLACE OF MOTHER (city or town) Portland (State or country) Tenn

Informant Maryland Gen. Hosp.

(Address)

20 1932 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-20-32

17

I HEREBY CERTIFY, That I attended deceased from 11-10-32, 19 to 11-20-32 19

that I last saw h malive on 11-20 32, 19

and that death occurred, on the date stated above, at 12 30 m.

The CAUSE OF DEATH* was as follows:

Hemorrhage - Gastric Ulcer (Duodenal)

(duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? New Orleans, La.

Did an operation precede death? No Date of —

Was there an autopsy? Yes

What test confirmed diagnosis? ?

(Signed) H. C. Chaney, M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Md	11 22 1932
20 UNDERTAKER	ADDRESS
Loyd Kaiser	Laurel Md.

Spec.—2-29-28—L. F. S.—500 Bks.

84646

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84646

CERTIFICATE OF DEATH

93-003

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO. 29-53

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Caroline B. Newman

(a) RESIDENCE NO. 508 Wilmington Rd ST., WARD

(Usual place of abode) WILMSLOW

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George H. Dawson

DATE OF BIRTH (month, day, and year) Sept. 9 1840

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	7	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Talbot Co. (State or country) Md.

10 NAME OF FATHER Thomas Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Scotland

12 MAIDEN NAME OF MOTHER Margaret Hardis

13 BIRTHPLACE OF MOTHER (city or town) Bata (State or country) Md.

Informant Hospital Records

(Address)

Filed NOV 23 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19-32

17 I HEREBY CERTIFY, That I attended deceased from 11-3, 1932, to 11-19, 1932, that I last saw h-- alive on 11-19, 1932 and that death occurred, on the date stated above, at 1.10 p. m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

(duration) yrs. mos. ds.

Chr. Myocarditis

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. J. Frame, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodmont Cemetery	Nov 21 19 32
20 UNDERTAKER	ADDRESS
Hughes & Myers Inc	Broadway

AaCo. 5-31 250B

E 84647

84647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4533 Reisterstown Rd St., 15-58 Ward.)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U.S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Mary Howard Rose

(a) Residence: No. 4533 Reisterstown Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

3a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Margaret Enser Rose.

6. DATE OF BIRTH (month, day, year) Nov. 25 1845

7. AGE	Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
	86	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Road. 69

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Westminster Md

13. NAME William Rose.

14. BIRTHPLACE (city or town) (State or country) Millington Md

15. MAIDEN NAME Francina Miles

16. BIRTHPLACE (city or town) (State or country) Elkton Md.

17. INFORMANT Wm E. Rose.
(Address) 4533 Reisterstown Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 21 1932

19. UNDERTAKER H. E. Waller
(Address) Fred R. Groce Funeral Home

20. FILED NOV 21 1932 Huntington Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Nov 18, 1932

I last saw h[illegible] alive on Nov 18 1932 death is said to have occurred on the date stated above, at 1000 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Cerebral Hemorrhage	7 days
Myocardial degeneration	
Other contributory causes of importance:	
Paralysis agitans	2 yrs
Senile debility	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilbur R. Hall, M. D.

(Address) 4531 Reisterstown Rd

M. D. B. 1268-2

84648

✓ E 84648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 20-16

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 S. Pentland St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Eckert

(a) Residence No. 534 S. Pentland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Eckert

6. DATE OF BIRTH (month, day, year) July 19th 1847

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
85	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John E. Eckert Jr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Eckert
(Address) 534 S. Pentland St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/21/32

19. UNDERTAKER J. J. Kilgus
(Address) 1850 N. Eden St

20. FILED 11/21/32 Registrar.

20 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/17/32

22. I HEREBY CERTIFY, That I attended deceased from 5/17/32 to 11/17/32

I last saw him alive on 11/17/32 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	5 mos

Other contributory causes of importance:

Acute cardiac dilatation	1 day

Name of operation None Date of

What test confirmed diagnosis Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens Ave

E 84649

E 84649 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 75

1-PLACE OF DEATH Pronounced Dead

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 12-19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME B. Frances Kilroy

(a) RESIDENCE NO. 1729 Guilford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred W yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
mal	wht	singl

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Mar. 19. 1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	7	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer 066

9 BIRTHPLACE (city or town) (State or country) Texas Galv. Co.

PARENTS

10 NAME OF FATHER John Kilroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Galv Co. Texas

12 MAIDEN NAME OF MOTHER Catherine Riley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Galv Co. Texas

14 Informant Mrs. Wm T. Scally

(Address) 1539 Montpelier St

15 Filed JAN 28 1932 Huntington Wilkinson Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1931

17 I HEREBY CERTIFY, That I ~~took charge of~~ the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Alcoholism

(duration) yrs. mos 9 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Investigation

(Signed) James M Benton, M. D. Coroner

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph Cem - Tyson Rd

DATE OF BURIAL 11/21/31

20 UNDERTAKER [illegible]

ADDRESS 1733 Harford

M. D. H. 1248-9

4650 Haas E 34650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Joseph Hosp 23-33 131 Registered No.

CITY OF BALTIMORE: (No. ... St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Catherine Haas

(a) Residence: No. 1607 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. Haas

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of father Jacob Reigmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME of mother Catharine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. Haas
(Address) 1607 Marshall

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date 11/21 1932

19. UNDERTAKER Graf Sons
(Address) 1915 E Baltimore St

20. FILED 11/21 1932 Wm. H. Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1932 to Nov 18 1932

I last saw her alive on Nov. 18 1932. Death is said to have occurred on the date stated above, at 7 0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular renal disease	
Cerebral Hemorrhage	11/17/32

Other contributory causes of importance:
Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) K. F. Young M. D.

(Address) St. Joseph Hosp

M. D. B. 1263-9

B 84651

84651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 N. Calvert St. 11-15 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann Elizabeth Lilburn

(a) Residence: No. 1118 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John G. H. Lilburn

6. DATE OF BIRTH (month, day, year) Nov. 27, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James R. Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Joannette Briscoe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henry B. Thomas, Jr.

(Address) 1124 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's City, Md. Date Nov. 21, 1932

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place.

NOV 20 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19- 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1932 to Nov 19 1932

I last saw her alive on Nov 18 1932 Death is said to have occurred on the date stated above, at 7.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Nov 18
Other contributory causes of importance:- Arteriosclerosis affecting the aorta & coronary arteries.	1921

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harry D. McCarty M. D.

(Address) 3 W. Preston St.

M. D. B. 1268-9

E 84652

84652 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1701 Park Ave. S. 11-25 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Emma S. Hynson

(a) Residence: No. Young Women's Christian Assoc. St., Balto, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 5. 1875

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary Y.W.C.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles E. Hynson

14. BIRTHPLACE (city or town) (State or country) Baltimore and.

MOTHER

15. MAIDEN NAME Virginia B. Sanders

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. Dodson Jr

(Address) 3400 Elgin ave

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Nov 21. 1932

19. UNDERTAKER J. Wm. C. Mitchell & Sons

(Address) 1400 Eutaw Place

20. FILED ... 19... [illegible] Registrar.

20 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-2-32, 19..., to 11-18-32, 19...

I last saw h[er] alive on 11-17-32, 19... Death is said to have occurred on the date stated above, at 8.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	Jan 1932
Other contributory causes of importance:	
Pathological Fracture of left femur	Nov 2, 1932

Name of operation ... Date of ...

What tests to confirm diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, how? ...

(Signed) Lawrence M. Sena, M. D.

(Address) 1009 Annapolis Blvd

Brooklyn, Md.

M. D. H. 1268-9

84653 HEALTH DEPARTMENT—CITY OF BALTIMORE 84653

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-17 Ward)

Length of residence in city or town where death occurred .yrs. .mos. .ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Emma M. Meyers—

(a) Residence: No. 1817 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White —	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Henry W. C. Meyers

6. DATE OF BIRTH (month, day, year) Sept 28 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 37

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME August Schultz

14. BIRTHPLACE (city or town) (State or country) Germany Maryland

15. MAIDEN NAME Katherine Klehm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Max Stockmeyer

(Address) 2506 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place Leadenhall Park Date Nov 21 1932

19. UNDERTAKER John D. Mitchell & Son

(Address) 1900 Eutaw Place

20 1932 Huntington Ave. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18- 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9- 1932, to Nov. 18- 1932

I last saw h[er] alive on Nov. 18- 1932 Death is said to have occurred on the date stated above, at 12.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Cachexia Bedsore Uremia	1 month
Cardiovascular Renal Disease	10/9/32
Other contributory causes of importance:	
Cerebral Embolism	1 day
Name of operation Bronchotomy Date of 11/17/32	
What test confirmed diagnosis? Clinical Was there an autopsy?	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John R. Geraghty M. D.

(Address) 7715 St Paul St.

M. D. H. 1268-9

E 84654

E 84654 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp St. 11-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ralph Creager

(a) Residence: No. Union Bridge St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cecil M. Creager

6b. DATE OF BIRTH (month, day, year) Oct 31-1900

7. AGE — Years 32 | Months 0 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co Md

13. NAME Winfield Kriger

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Julia F Warfield

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Earl M. Kriger

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Woodsboro Md Date Nov 23. 1932

19. UNDERTAKER C O Eyler & Son

(Address) Funeral Dirs Md

Filed Nov 23 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20. 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19...

I last saw h... alive on ... 19... Death is said to have occurred at ... m

The principal cause of death and ... importance were as follows:

	Date of onset
Pneumonia	
Struck on head with Hammer	
Fractured Skull	
Other contributory causes of importance: Cerebral Hemorrhage	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Nov 19 32

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Struck with Hammer

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) F. B. Pirlo Coroner M. D.

(Address) Court House

M. D. R. 1268-8

84655 HEALTH DEPARTMENT—CITY OF BALTIMORE 84655

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Henry C. Allen

(a) Residence: No. Circleville Ohio St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Harriet W.

6. DATE OF BIRTH (month, day, year) Aug 10 1852

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
80	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50+

12. BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME of FATHER Dr. D. Allen

14. BIRTHPLACE (city or town) (State or country) Conn.

15. MAIDEN NAME of MOTHER Elizabeth Tyler

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Circleville, Ohio Date Nov. 20, 1932

19. UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place

Huntington W. Evans, M.D. Registrar.

FILED NOV 20 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1932 to Nov. 20, 1932

I last saw him alive on Nov. 20, 1932 Death is said to have occurred on the date stated above, at 10 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate	Oct 1932
Uraemia	
Other contributory causes of importance:	
Bronchopneumonia	Oct 31 32

Name of operation Punch for endourethral Date of Oct 17 32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Lloyd S. Lewis, M. D.

(Address) Johns Hopkins Hosp.

M. D. R. 1265-9

Beall

84656 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84656

84656

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Beall

(a) Residence: No. 409 Eighth St St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James D. Perkins

6. DATE OF BIRTH (month, day, year) Sept 18/67

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in ~~this~~ occupation

12. BIRTHPLACE (city or town) (State or country) London Co, Va

13. NAME George Woodward

14. BIRTHPLACE (city or town) (State or country) London Co Va

15. MAIDEN NAME Elizabeth Athey

16. BIRTHPLACE (city or town) (State or country) London Co, Va.

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Co Va Date 11-22 1932

19. UNDERTAKER Wm Cook

(Address) 217 E Pratt St

FILED [illegible] Wilmer Hill

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1932 to 11-20 1932

I last saw h alive on 11-20 1932 Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
	1
Other contributory causes of importance: Myocard insufficiency	11-19-
congestive	32
None	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-21-32 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

M. D. H. 1268-9

84657 HEALTH DEPARTMENT—CITY OF BALTIMORE 84657

CERTIFICATE OF DEATH

Registered No. 81

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Forsyth & Calhoun St. 9-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary M. Clark

(a) Residence: No. 704 E. 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Clark

6. DATE OF BIRTH (month, day, year) June 23 1874

7. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	58	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thomas Mahon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mahoney

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mary Clark (Address) 704 E 30th St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Date 11/23 1932

19. UNDERTAKER J. H. Cook (Address) 1411 E. Lanvale St

20. FILED NOV 21 1932 Huntington Wellington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from October 25. 1932 to Nov. 19. 1932

I last saw him alive on Nov. 19. 1932 Death is said to have occurred on the date stated above, at 10:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Myelitis	
Duration of disease	Oct. 18

Other contributory causes of importance:

decubitus ulcer with terminal infection

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address)

E 84658

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84658

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: No. 1135 W Franklin (Ward) 8-7b
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Wardesy.

(a) Residence: No. 1135 W. Franklin Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE: Years 59 | Months | Days | If LESS than 1 day, ... hrs. ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) N. C. unknown

FATHER
13. NAME
14. BIRTHPLACE (city or town) (State or country) N. C. unknown.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Howard Wardesy
(Address) 1135 W Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Hudson Cemetery Date Nov 21st, 1932

19. UNDERTAKER Archibald D. Laddis
(Address) 1520 N Carrollton Ave

20. FILED Nov 21 1932 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 6th, 1932 to Nov 18th, 1932
I last saw h[illegible] alive on Nov 18, 1932 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12 Days

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. C. Kuck. M. D.
(Address) .....

M. D. B. 1268-9

84659 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84659

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 N. Luzerne ave. St., 7-10 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Joseph Inc Inahon

(a) Residence: No. 510 N. Luzerne ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Agnes G. McMahon

6. DATE OF BIRTH (month, day, year) Mar. 26 - 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Fire Dept

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt.

FATHER

13. NAME Peter Inc Inahon

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ellen Loughlin

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Geo J. Inc Inahon

(Address) 510 N. Luzerne ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenbay Cemetery Date 11/21. 1932

19. UNDERTAKER J. J. Moran

(Address) 1300 Baltic St

20. FILED NOV 21 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 32, 19..., to Nov 17, 193..

I last saw him alive on Nov 16, 19 32 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	5 yrs
Arteriosclerosis Chronic	
Encephalitis Cardiac	
Debilitation	1929

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alma T. Freeman, M. D.

(Address) 718 N Patterson Park Ave

E 84660

M. D. B. 1268-9

84660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 96-37 52

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 S. Conklin St. [illegible] Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hugh Watson

(a) Residence: No. 802 S. Conklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced, HUSBAND of (~~wife of~~) Bettie Burke Watson

6. DATE OF BIRTH (month, day, year) Jan 3rd 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62		15 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Supt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Md. Coal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Md City

FATHER

13. NAME Hugh Watson

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Harrington

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret Watson
(Address) 802 S. Conklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11/21 1932

19. UNDERTAKER J. G. Norman

(Address) 3[illegible] E. Baltimore

20. FILED [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec- 1929 to Nov. 18- 1932

last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension - Myocarditis	1927
Cerebral Hemorrhage -	1927
Cachexia of Nose	1931
Bronchopneumonia	1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edward J. Blenkinsop M. D.

(Address) 3567 East ave

M. D. H. 1268-9

E 84661

E 84661 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. 2629 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Patrick J. Brady

(a) Residence: No. 501 S. Rappolla St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Catherine Brady

7. DATE OF BIRTH (month, day, year) March 25, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Edward Brady

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Catherine Stanton

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 11/23/ 1932

19. UNDERTAKER J. J. Nolan
(Address) 1320 E. Madison St.

20. FILED NOV 19 1932 Huntington Williams Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 1932 to Nov. 19 1932

I last saw h[im] alive on Nov. 17 1932 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1 month
Chronic Nephritis	?
Other contributory causes of importance: Generalized Arteriosclerosis	
Smith's Hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. H. Burns, M. D.

(Address) Mercy Hospital

Spec.—9-30—A. & Co.—250 Blks

84662 E 84662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 E. Madison St. 10-15 WARD)

2. FULL NAME George Kenzie Brice

(a) RESIDENCE NO. 1430 E. Madison ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col.	Married

5a If married, widowed, or divorced
HUSBAND of ~~wife of~~ Martha Emma Brice

6 DATE OF BIRTH (month, day, and year) Jan. 27, 1864?

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	64	9	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Huckster

(b) General nature of Industry, business, or establishment in which employed (or employer): vegetables

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Richard Brice

11 BIRTHPLACE OF FATHER (city or town) (State or country): UNKNOWN

12 MAIDEN NAME OF MOTHER: UNKNOWN

13 BIRTHPLACE OF MOTHER (city or town) (State or country): UNKNOWN

14 Informant: Martha Brice
(Address): 1430 E. Madison St.

Filed ... 1932 ... Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 17, 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 1930, to Nov. 17, 1932

that I last saw h IM alive on Nov. 17, 1932

and that death occurred, on the date stated above, at 9.40 P. M.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary): Interstial Nephritis

(duration) ? yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Rayner Browne M. D.

19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cemetery — DATE OF BURIAL: Nov 21 1932

20 UNDERTAKER: Lotter Gross — ADDRESS: 1408 Ashland Ave

M. D. B. 1268-9

84663

HEALTH DEPARTMENT—CITY OF BALTIMORE

84663 E

CERTIFICATE OF DEATH

XV 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 28 hrs. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Abelmont

(a) Residence: No. Alberton, Md. St., ... Ward. Alberton, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Abelmont

6. DATE OF BIRTH (month, day, year) April 6, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill 46

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butte Co, Mexico

13. NAME Stephen Abelmont

14. BIRTHPLACE (city or town) (State or country) Butte Co, Mexico

15. MAIDEN NAME Sarah J Freeland

16. BIRTHPLACE (city or town) (State or country) Butte Co, Mexico

17. INFORMANT Mrs. Annie Abelmont
(Address) Catonsville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Park, Md. Date Nov. 23, 1932

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Towson, Md.

NOV 21 1932 Huntington Williams, M.D.
FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1932, to Nov. 20, 1932.

I last saw h[illegible] alive on Nov. 20, 1932. Death is said to have occurred on the date stated above, at 7:18 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria-sclerosis	
Chronic myocarditis	
Other contributory causes of importance:	
Lobar Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. Tyler Brooks, M. D.

(Address) University Hospital

M. D. B. 1268-9

E 84664

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84664

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore md St., 3-4 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Raabe

(a) Residence: No. Balto City Hospitals St., 604 E Bond St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Raabe

6. DATE OF BIRTH (month, day, year) 2-8-1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 040

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S FATHER

13. NAME Herman Raabe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record City Hospitals (Address) Balto.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date Nov. 21. 1932

19. UNDERTAKER Henry Sander & Sons, Inc. (Address) Baltimore St. & Broadway

FILED NOV 21 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-1 1932 to 11-19 1932

I last saw him alive on 11-19 1932 Death is said to have occurred on the date stated above, at 12:41 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	
Other contributory causes of importance: Acute myocardial insufficiency	11-19-32
arteriosclerosis	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

11-19-32 (Signed) Edgar H. Fisher Jr. M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

84665 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84665

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 342 S. Montford Ave. St., 1-3 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME THERESA SCHMIDT

(a) Residence: No. 342 S. Montford Avenue St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edward Schmidt

7. DATE OF BIRTH (month, day, year) Dec. 30. 1857

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Hess

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Eva. L. Bengel (Daughter)
(Address) 342 S. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Nov. 23. 1932

19. UNDERTAKER Henry Sander & Sons, Inc.
(Address) Baltimore St. and Broadway

20. FILED 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 31. 1932 to Nov. 19. 1932

I last saw h[illegible]live on Nov 18. 1932. Death is said to have occurred on the date stated above, at 12.45 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	4 Days
Other contributory causes of Importance:	
Chronic Inter Nephritis	6 Mos

Name of operation none Date of —

What test confirmed diagnosis Clinical Sign[illegible] there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Chas. A. Lee M. D.

(Address) 408 St Paul Place

M. D. R. 1268-A

84666

E 84666

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 35

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Joseph's Hosp.

CITY OF BALTIMORE: (No. 14-20 St., Ward.....)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adington Dickerson

(a) Residence: No. 319 Brood St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hennah Dickerson

6. DATE OF BIRTH (month, day, year) August 16 1878

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
34 years	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year) 11/5/32

11. Total time (years) spent in this occupation 13 yrs.

12. BIRTHPLACE (city or town) St Marys County
(State or country) Maryland

FATHER

13. NAME Moses Bates

14. BIRTHPLACE (city or town) St Marys Co.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Butler

16. BIRTHPLACE (city or town) St Marys Co.
(State or country) Maryland

17. INFORMANT Laurence Coates
(Address) 205 Dulaney av Ashburton Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Joseph's St Mary's Date 11/23, 1932

19. UNDERTAKER Samuel T Hensley
(Address) 1728 Druid Hill Ave

21 1932 Huntington Williams
(Date) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1932 to 11/19, 1932

I last saw her alive on 11/19/32, 1932 Death is said to have occurred on the date stated above, at 8.37 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Paralytic Ileus	
Other contributory causes of importance:	
Pelvic Inflammatory Disease	

Name of operation Laparotomy Date of 11/16/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kennisch M. D.

(Address) St Joseph's Hosp

84667 — A Co.—100 Bks.

Carol Wah

HEALTH DEPARTMENT—CITY OF BALTIMORE

84667. E 84667.

CERTIFICATE OF DEATH

108 v

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Mercy Hospital St., (Ward)

2-FULL NAME Carol Wah

(a) RESIDENCE NO. 863-N. Northern St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Chinese

5 Single, Married, Widowed or Divorced, (write the word): Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 9-1931

7 AGE: Years 1; Months 8; Days 1; IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Fry Wah

11 BIRTHPLACE OF FATHER (city or town)
(State or country) China

12 MAIDEN NAME OF MOTHER Lou Shen

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) China

14 Informant: Dr. H. E. Hurst
(Address) Mercy Hospital

Huntington Philadelphia

15 Filed ... 19 ... Registrar

11 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Saml. Morrison M. D.

11/20, 1932 (Address) 9632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Park Cemetery — DATE OF BURIAL: Nov 24 1932

20 UNDERTAKER: Chas. H. Black — ADDRESS: 742 W. North Ave

1-30—M. & T.—100 B—591.

E 84668

E 84668

V 11-001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 537 N. Milton Ave. ST. 7-10 WARD)

2-FULL NAME Wm. H. Steinbaugh

(a) RESIDENCE NO 537 N. Milton Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Steinbaugh

6 DATE OF BIRTH (month, day, and year) Nov. 20/1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Store Room Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) Western Union
(c) Name of employer Tel Co.

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Wm. H. Steinbaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary E. Lowman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Margaret Steinbaugh
(Address) 537 N. Milton Ave.

15 Filed 21 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 17/1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably Influenzal Pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? Unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Inquiry

(Signed) John Allen, M. D. Coroner

11/19/32 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL Nov. 21/1932

20 UNDERTAKER Philip Steurz

ADDRESS 2016 Auburn St.

M. D. B. 1268-9

B4669 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B4669

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Divon Hospital St., 7-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Christian Hoffman

(a) Residence: No. 3218 Foster Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine Hoffman

6. DATE OF BIRTH (month, day, year) Nov 25 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

13. NAME Don't Know

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Helen Hoffman Daughter
(Address) 3218 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 23, 19 32

19. UNDERTAKER Tilly Gilbert Co.
(Address) 1711 W. North Ave

FILED NOV 21 1932 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1932 to Nov. 19, 1932

I last saw him alive on November 19 1932 Death is said to have occurred on the date stated above, at 4 A.M. P.M.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-19-32
Other contributory causes of importance:	
Benign prostatic hypertrophy	
Chronic myocarditis	1927

Name of operation Supra pubic cystotomy Date of 11-19-32

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles Robert Cox 1211 M. D.

(Address) Divon Hospital

1-30—M & T.—100 B—50L

E 84670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84670

121

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes Hospital ST. 25-72 WARD)

2-FULL NAME Edward Blackert

(a) RESIDENCE NO 2725 Georgetown Road ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 15, 1926

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	0	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph F. Blackert

11 BIRTHPLACE OF FATHER (city or town) Balto.,
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine E. Foelkel

13 BIRTHPLACE OF MOTHER (city or town) Balto.,
(State or country) Maryland

14 Informant Joseph F. Blackert
(Address) 2725 Georgetown Road

15 Filed NOV 21 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Gangrenous Appendix

about one day

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis

(duration) about one day yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? Yes Date of Nov. 19-32

Was there an autopsy? No

What test confirmed diagnosis? Physical & Surgical Signs

(Signed) Guy R. Cromwell, M. D.
(Coroner)

19 32 (Address) 223 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cathedral Cemetery

DATE OF BURIAL Nov. 22 1932

20 UNDERTAKER George L. Schwartz

ADDRESS 2401 Eutaw Ave

Spec.—0-30—A. & Co.—250 Bks.

84671 ✓ E 84671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 614 Hyson St 24-33 WARD)

2-FULL NAME Francis Leroy Lowman

(a) RESIDENCE NO. 614 Hyson St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Martha E. Lowman

6 DATE OF BIRTH (month, day, and year) Nov. 7-1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Labour
(b) General nature of industry, business, or establishment in which employed (or employer) 040
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Martin Lowman
11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Martha E. Lowman
(Address) 614 Hyson St.

15 Filed NOV 21 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18-1932

17
I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Nov 18, 1932
that I last saw h alive on Nov 17, 1932
and that death occurred, on the date stated above, at 1.10 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach
(duration) Indefinite yrs. mos. ds.
CONTRIBUTORY (Secondary) Exhaustion
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinically
(Signed) R. B. Campbell M. D.
18 1932 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery — DATE OF BURIAL Nov. 21 1932

20 UNDERTAKER George L. Schwartz — ADDRESS 2101 Eutaw Ave.

M. D. B. 1261-A

84672

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84672

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 S. Dean St. St., 26th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Behr

(a) Residence: No. 803 S. Dean St. St., 26th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	WIDOWER

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Kunigunda Behr

6. DATE OF BIRTH (month, day, year) May. 13, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Conrad Behr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marvanna Sperlein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Behr (SOn)

(Address) 803 S. Dean St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart cem. Date Nov. 22 1932

19. UNDERTAKER Lilly-Feiler Co.

(Address) 423 S. Mitchell St.

20. FILED 21 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1928 to Nov 18 1932

I last saw h[im] alive on Nov 18 1932. Death is said to have occurred on the date stated above, at 5p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1928
Other contributory causes of importance: arterial hypertension	)
	)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carey Schmauder M. D.

(Address) 10 W Madison St

M. D. B. 1268-9

84673 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84673

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6308 Everall Ave St., 27 Ward) 2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Kochs

(a) Residence: No. 6308 Everall Ave St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

BIRTH (month, day, year) Nov 5th 1857

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	0	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Maria Kochs

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Reinhardt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Joseph H. Jeffries

(Address) 6308 Everall ave

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Nov 22 1932

UNDERTAKER Kelly & Fitzpatrick

(Address) [illegible]

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: General Arteriosclerosis (Senile)	???

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [signature] M. D.
Coroner

+Address) 6308 Everall ave

M. D. B. 1268-9

E 84674 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 84674

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3604 Clifton Ave 15th Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A. Chickering

(a) Residence: No. 3604 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E Chickering

6. DATE OF BIRTH (month, day, year) Feb 27 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 66

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Elbridge Chickering

14. BIRTHPLACE (city or town) (State or country) New Hampshire

15. MAIDEN NAME Sarah Warfield

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Emma Chickering
(Address) 3604 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 21 1932

19. UNDERTAKER Wm J Tschudy & Son
(Address) Madison & Huntington Ave

20. FILED NOV 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1932

22. I HEREBY CERTIFY, That I attended deceased from 1930 to Nov 19 1932

I last saw h alive on Oct 30 1932 Death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis	1920
with cerebral degeneration	1926
Myocardial insufficiency	1930
with decompensation	1932
and terminal failure	Nov 19 1932

Other contributory causes of importance:

Age

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stanley Cole M. D.

(Address) 2207 Harrison Blvd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84675

CERTIFICATE OF DEATH

E 84675

Registered No. 15-5967

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2137 N. Pulaski St. Ward)

Length of residence in city or town where death occurred ...yrs... mos. 14 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William Edgar Holman

(a) Residence: No. 2137 N. Pulaski St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 6, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
			14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME George Robt. Holman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Jean Currens

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT G. R. Holman

(Address) 2137 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Sykesville Md. Date Nov 21, 1932

19. UNDERTAKER Wm. J. Richardson & Sons

(Address) Medford & Reisterstown Aves.

20. FILED NOV 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1932 to Nov 20, 1932

I last saw him alive on Nov 19, 1932 Death is said to have occurred on the date stated above, at 12:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Lymphaticus	Birth

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 720 N. North Ave.

Spec.—1-10-21—M&T—1500 Bks.

Dr Dodd. MED Arts 9×10 9M.

E 84676 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 84676**

CERTIFICATE OF DEATH.

42-001

REGISTERED NO. 27-48

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 608 Tunbridge Rd ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte S. Noel

(a) RESIDENCE NO. 608 Tunbridge Rd WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND ~~of~~ (or) WIFE of Harry R. Noel

6 DATE OF BIRTH (month, day, and year) Nov 24 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Manager

(b) General nature of industry, business, or establishment in which employed (or employer) Personnel

(c) Name of employer May Co

9 BIRTHPLACE (city or town) (State or country) Minneapolis Minn.

PARENTS

10 NAME OF FATHER Frais N. Stacy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Los Angeles Calif

12 MAIDEN NAME OF MOTHER Irma Winchell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Minneapolis Minn

14 Informant Harry R. Noel

(Address) 608 Tunbridge Rd

15 Filed NOV 21 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1932

17 I HEREBY CERTIFY, That I attended deceased from July 22 1932 to Nov. 19 1932, that I last saw her alive on Nov. 19 1932, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Septicemia

(Probably Streptococcus Viridans)

(duration) yrs. 5 mos — ds.

CONTRIBUTORY (Secondary) Chronic Endocarditis (Malignant type) (duration) 12 yrs. ~~of~~ or mos. — ds.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) S A Doyle M. D.

Nov 21 1932 (Address) 317 Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Givans Presbyterian Cemetery DATE OF BURIAL Nov 22 1932

20 UNDERTAKER Wm Peak ADDRESS 1217 St Paul St

AdCo. 5-31 2508

E 84677 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84677.

CERTIFICATE OF DEATH

93-004
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Roslyn Ave 15-61 Ward)

Length of residence in city or town where death occurred 87 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis A. Waidner

(a) Residence: No. 2206 Roslyn Ave St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna M. Waidner

6. DATE OF BIRTH (month, day, year) 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Paint Painting Co~~

10. Date deceased last worked at this occupation (month and year) ~~Wm Thomas & Sons~~

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Louis A. Waidner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Frederika H Isabel

16. BIRTHPLACE (city or town) (State or country) Allens Lorraine

17. INFORMANT Mrs Harry Allen
(Address) 3903 Dorchester Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 11-23 1932

19. UNDERTAKER Miller Cook
(Address) 217 St Paul St.

NOV 21 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1932 to Nov 19, 1932

I last saw him alive on Nov 19, 1932 death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency (INSUFFICIENCY)	11-18-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signature) Arthur J Davis, M. D.

(Address) 800 Eutaw St

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84678

E 84678

CERTIFICATE OF DEATH

93603

Registered No. 27491

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Glenarm Ave. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Hughes

(a) Residence: No. 4401 Glenarm Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John H. Hughes

6. DATE OF BIRTH (month, day, year) May 5, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Back River,
(State or country) Balto. Co., Md.

13. NAME Samuel A. Baldwin

14. BIRTHPLACE (city or town) Balto. Co.,
(State or country)

15. MAIDEN NAME Elizabeth A. Harriman

16. BIRTHPLACE (city or town) Back River,
(State or country) Balto. Co., Md.

17. INFORMANT Mr. Samuel A. Baldwin
(Address) 1250 Perlman Place

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Nov. 21, 1932

19. UNDERTAKER John F. Denny
(Address) 715 Eutaw St

FILED NOV 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to Nov. 18, 1932

I last saw h er alive on Nov. 17, 1932. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	

Other contributory causes of importance: —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Eugene L. Cesarano, M. D.

(Address) 514 Drury Lane

M. D. B. 1268-9

84679

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84679

CERTIFICATE OF DEATH

66-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Margaret Young

(a) Residence: No. 1109 St Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) nov 5, 1906

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26		15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 887

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore Md Pa (State or country) Barnesboro Pa

13. NAME Wm H Young

14. BIRTHPLACE (city or town) Pa (State or country)

15. MAIDEN NAME Margaret MC Cormick

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Hospital Record (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Barnesboro Pa Date 11/24 1932

19. UNDERTAKER George A Farley (Address) Fulton and Laurel Sts

NOV 21 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 11, 1932, to Nov 20, 1932.

I last saw her alive on Nov 20, 1932. Death is said to have occurred on the date stated above, at 7.30 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Thyroid Crisis following Removal of Adenoma, Left Lobe of Thyroid.	
Other contributory causes of importance:	
Pneumonia	

Name of operation Thyroidectomy Date of Nov 16, 1932

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) M. D.

(Address)

M. D. B. 1268-9

E 84680 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84680

CERTIFICATE OF DEATH

82-001
Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital.
CITY OF BALTIMORE: (No. Baltimore Maryland St., 13-57 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Arthur T. E. Toby

(a) Residence: No. 2021 Bryant St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) March 9 1867

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

13. NAME George
14. BIRTHPLACE (city or town) (State or country) England
15. MAIDEN NAME Georgiana
16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Friends Balto City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 21 1932

19. UNDERTAKER Randall E. Humphreys
(Address) Huntington Indiana

NOV 21 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1932 to 11-18 1932
I last saw him alive on 11-18 1932 Death is said to have occurred on the date stated above, at 6:00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-13-32
Other contributory causes of importance: Hemorrhage into Peritoneum	11-1-32

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

11-18-32 (Signed) Elmer Hedberg M. D.
(Address) Balto. City Hospitals

Spec.—2-29-28—L. F. S.—500 Bks.

E 84681

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84681

CERTIFICATE OF DEATH

46

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No.) ST., 16-23 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Rose E. Formwalt

(a) RESIDENCE NO. 902 Appleton N. ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John H Formwalt

DATE OF BIRTH (month, day, and year) Nov. 23-1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	43	11	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto., Md

10 NAME OF FATHER George Germain

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Hare

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md

Informant Hospital Records

(Address)

Filed NOV 21 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18-32

17 I HEREBY CERTIFY, That I attended deceased from 11-4, 1932, to 11-18, 1932,

that I last saw her alive on 11-18, 1932

and that death occurred, on the date stated above, at 11 00 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinomatosis

Uremia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? yes

What test confirmed diagnosis? Clinical

(Signed) L. J. Clarke, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery. DATE OF BURIAL Nov. 21- 1932.

20 UNDERTAKER Charles J. Schwab. ADDRESS 505 N. Monroe St.

Spec.—1-12-23—M&T—500 Blks.

E 84682

E 84682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1159 Washington, Blvd. ST. 21-29 WARD)

2-FULL NAME Jessie P. Allbright

(a) RESIDENCE NO. 1159 Washington, Blvd. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Allbright

6 DATE OF BIRTH (month, day, and year) June 15 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	69	5	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Jessie Allbright

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Annie Raymond

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Edward Allbright

(Address) 1159 Washington, Blvd.

15 Filed 2 1 1932, 19 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-19- 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1932 to Nov 19, 1932

that I last saw h[illegible] alive on Nov 19 1932

and that death occurred, on the date stated above, at 11 30 P m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Cerebral Hemorrhage

(Duration) 3 yrs. 9 mos. ds.

CONTRIBUTORY (Secondary) Cardiac Insufficiency

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lutherland Dunn, M. D.

11 Park Ave (Address) Baltimore Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet

DATE OF BURIAL 11/21, 1932

20 UNDERTAKER Frederick A. Cole

ADDRESS 2000 W. Fondaway

AaCo. 5-31 250B

E 84683 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84683

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1248 E Fayette St., 9-18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Williams

(a) Residence: No. 1248 E Fayette St. Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Williams

6. DATE OF BIRTH (month, day, year) 1883

7. AGE

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
49	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Chas Williams
(Address) 1248 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Calvary Date Mar. 21st 1932

19. UNDERTAKER Joseph A. Sayler
(Address) 1911 W. Mulberry St

20. FILED Mar 21 1932 by Chas Williams Informant

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1932 to Mar 18, 1932

I last saw h... alive on Mar 17 1932 death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about Aug 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo L Keller, M. D.

(Address) 507 Cathedral St

AaCo. 5-31 250R

Ruby

HEALTH DEPARTMENT CITY OF BALTIMORE

84684 E 84684

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 North Bradford St. 7-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Joe Ruby (Reuben)

(a) Residence: No. 902 north Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Barbara Ruby (Hruby)

7. DATE OF BIRTH (month, day, year): Jan 1 1873

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria Hungary

13. NAME: Joe Ruby (Hruby)

14. BIRTHPLACE (city or town) (State or country): Austria Hungary

15. MAIDEN NAME: not known

16. BIRTHPLACE (city or town) (State or country): not known

17. INFORMANT: Barbara Ruby (Hruby)
(Address) 902 N. Bradford

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 23. 1932

19. UNDERTAKER: August Tarek
(Address) 240 Ashland Ave

Nov 21 1932 Huntington Williams, N.J.
(Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 21 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 , 1932, to Nov 21 , 1932

I last saw him alive on Nov 21 1932, death is said to have occurred on the date stated above, at 6 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 18
Other contributory causes of importance: Acute Cardiac Dilatation	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William Ray Sauer M. D.

(Address) 801 W Lanvale St

AACo. 5-31 250B

84685 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84685

CERTIFICATE OF DEATH

1/31

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Hope Retreat St., 28-63 Ward)

Length of residence in city or town where death occurred 1st yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Catherine Burke

(a) Residence: No. Mount Hope Retreat St., Ward. Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Jas Burke)

7. DATE OF BIRTH (month, day, year) Aug. 30 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Earley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Maria Hackett

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mount Hope Retreat Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Nov 22/ 1932

19. UNDERTAKER Stewart & Mourn Company (Address) 108 W North Ave

FILED 21 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1932

22) I HEREBY CERTIFY, That I attended deceased from July 1 1931, to Nov 20, 1932

I last saw h[illegible] alive on Nov 20 1932 death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	7 days
Chronic Hypertension	11 years
Chronic Interstitial Nephritis	10 years

Other contributory causes of importance:

Bronchopneumonia	7 days
Pulmonary Edema	2 days

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) 35 K Federal Ave,

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84686

CERTIFICATE OF DEATH

84686

82-001 REGISTERED NO.

1-PLACE OF DEATH

City of Baltimore: (No. 2550 Boyd St. 70-69 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George Lehnert

(a) RESIDENCE NO. 2550 Boyd St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Minnie A. Lehnert

6 DATE OF BIRTH (month, day, and year) Oct. 26, 1866

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	66	0	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 015
(c) Name of employer —

9 BIRTHPLACE (city or town) ... (State or country) Germany

PARENTS

10 NAME OF FATHER George Lehnert

11 BIRTHPLACE OF FATHER (city or town) ... (State or country) Germany

12 MAIDEN NAME OF MOTHER ? Herman

13 BIRTHPLACE OF MOTHER (city or town) ... (State or country) Germany

14 Informant Mrs. George Lehnert (Address) 2550 Boyd St.

NOV 21 1932 Huntington Williams, M.D.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy (duration) suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably arterio-sclerosis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical signs

(Signed) Geo. H. Crowe M. D.

11/19 1932 (Address) 903 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL 11/21 1932

20 UNDERTAKER H. H. Wetzler

ADDRESS 410 Edmondson Ave

Cor.—12-8-25—A Co.—200 Bks.

E 84687

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84687

CERTIFICATE OF DEATH.

✓ 82-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 3305 Philadelphia St., 26th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mary A McCormick

(a) RESIDENCE NO. 3305 Philadelphia Rd Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Nov. 8, 1883

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	49	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Maid

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer Not known

9 BIRTHPLACE (city or town) Washington D.C.

(State or country)

PARENTS

10 NAME OF FATHER John J. McCormick

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Catherine Tate

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) W. Moreland Co. Va

14 Informant John J. McCormick

(Address) 879 Greenmount Ave

15 Filed ..... 19.. Registrar

DEC 1 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Cirrhosis of Liver

(duration) ....yrs. ....mos. ....ds.

(Signed) J. J. Paterson Jr. M. D. (Coroner)

, 19 (Address) 1305 Paterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Nov 21 1932 Date of Burial

20 UNDERTAKER Edmund W. Conklin ADDRESS 924 E. Eager

A&Co. 5-31 250B

84688

HEALTH DEPARTMENT—CITY OF BALTIMORE 84688

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 E Chase St 11-15 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Walzl

(a) Residence: No. 404 E. Chase St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna C Barlow

6. DATE OF BIRTH (month, day, year) Jan 23 1863

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or.... min.
	69	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Gov.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Louis Walzl

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Catha Weldon

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Edna C Walzl
(Address) 404 E Chase

18. BURIAL, CREMATION, OR REMOVAL
Place Mateen Date Nov 23 1932

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED 11-23-32 Huntington Wilhams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/4 1932, to 11/19 1932

I last saw h alive on 10/19 1932 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Dr Bernard Wolff M. D.

(Address) 1216 E Calvert St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84689 84689

CERTIFICATE OF DEATH

V 23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Th.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leslie Shaw

(a) Residence: No. 520 N. Central ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maggie Shaw

7. DATE OF BIRTH (month, day, year) Aug. 29, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Darlington South Carolina

13. NAME William Shaw

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Jane Ridgely

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Albury cemetery Date Nov 22, 1932

19. UNDERTAKER Edw. Bryan
(Address) 1691 Bank st

20. FILED 1932 Nov 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1932 to November 19, 1932

I last saw him alive on November 19, 1932 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Apr 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bennett A. Stacy, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E. 84690

84690

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 11-24 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rena Loukata

(a) Residence: No. 11 W. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of David

7. DATE OF BIRTH (month, day, year) 3-25-09

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Jas Holden

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lavinia Reynolds

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cem. Date Nov 21, 1932

19. UNDERTAKER John Wiesel

(Address) 200 Albemarle

FILED 21 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1932, to Nov 19, 1932

I last saw her alive on Nov 19, 1932 Death is said to have occurred on the date stated above, at 5⁰³ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-acute bacterial endocarditis	July 1932
Other contributory causes of importance:	
Broncho-pneumonia	11-16-32

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R Carmichael Leighton, M. D.

(Address) Johns Hopkins Hospital

M. B. 84691

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84691

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2618 E Monument St., 7-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Waterworth

(a) Residence: No. 2618 E Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert A Waterworth

7. DATE OF BIRTH (month, day, year): Aug 28. 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0-35

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME of Father: Joseph Loenhaus

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of Mother: Dont know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Frederica Waterworth

(Address) 2618 E Monument

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 23 1932

19. UNDERTAKER: John Feller & Son

(Address) 200 E Oliver

20. FILED 21 1932 Huntington Pilkington, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30 to Nov. 20, 1932

I last saw h[illegible] alive on Nov. 20, 1932. Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	

Other contributory causes of importance:

Cerebral Apoplexy	

Name of operation ..... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify .....

(Signed) Louis Frame M. D.

(Address) Med. Arts Bldg.

Spec.—2-29-28—L. E. H.—500 Bks.

E 84692

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84692

CERTIFICATE OF DEATH

192-001

REGISTERED NO. 16-23

1—PLACE OF DEATH

CITY OF BALTIMORE; (No.) 820. Harlem Ave (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charlotte R. Brent

(a) RESIDENCE NO. 820 Harlem Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced. (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of George A. Brent

DATE OF BIRTH (month, day, and year) Apr 6-186[illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer: A. A. Co

BIRTHPLACE (city or town) (State or country): md

10 NAME OF FATHER: Daniel Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): md

12 MAIDEN NAME OF MOTHER: Elizabeth Tasker

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md

Informant: Howard D. Brent

(Address): 820 Harlem Ave

Filed 21 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 19-32

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1928, to Nov. 19, 1932

that I last saw h[illegible] alive on Nov 18, 1932

and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

a Chronic Valvular Heart Disease.

(duration) 3 yrs. 11 mos. ds.

CONTRIBUTORY (Secondary)

(duration) [illegible] yrs. mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) L. A. Johnson M. D.

11-20, 1932 (Address) 2329 Guilford Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn — DATE OF BURIAL: Nov 22 1932

20 UNDERTAKER: Wm. H. Chase & Son — ADDRESS: 638 N. Gilmor

M. D. B. 1268-9

84693 E 84693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66333 Med 62

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-13 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estelle Smith

(a) Residence: No. 803 Rutland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 31 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31		18 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Edward Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Amelia Burgess

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 11/21/32

19. UNDERTAKER Moseley & Brandenburg

(Address) 1329 N. Eutaw St.

20. FILED Huntington Ave Baltimore Md

NOV 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1932, to Nov. 18, 1932

I last saw h[illegible] alive on Nov. 18, 1932 Death is said to have occurred on the date stated above, at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PELLAGRA	Oct. 32
Other contributory causes of importance:	
CHRONIC ALCOHOLISM	18 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) I Schwentker, M. D.

(Address) Johns Hopkins Hospital

M. D. F. 1281-0

84694

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 84694

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2948 Clifton Ave St.; 15-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 10 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Elizabeth McCagley

(a) Residence: No. 2948 Clifton Ave St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. T. H. McCagley

6. DATE OF BIRTH (month, day, year): Dec 25 1871

7. AGE: Years 60 | Months 10 | Days 23 25 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 03

12. BIRTHPLACE (city or town) (State or country): Betty Md

13. NAME: Philip Vogel

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Arnold

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Wm T. H. McCagley

(Address) 2948 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov 22 1932

19. UNDERTAKER: Wm. H. Miller Sons

(Address) North & Pa Ave

FILED 21 1932 Huntington Pollitzer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1932 to Nov. 18, 1932

I last saw her alive on Nov. 18, 1932 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1926

Other contributory causes of importance:

Name of operation: Laparotomy Date of: 1927

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer C. Todd M. D.

(Address) 735 N. Fulton Ave

M. D. B. 1268-9

84695 HEALTH DEPARTMENT—CITY OF BALTIMORE 84695

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 S Ann St., 1-3 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Stanislaw Kantorski

(a) Residence: No. 801 S Luzerne ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) Mar 22 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (40)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME ? Kantorski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ? Kaminski

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Catherine Szymanski

(Address) 801 S. Luzerne ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Mar 22 1932

UNDERTAKER Martin W. E. Dippold Inc

(Address) 37 S Ann St

Mar 21 1932 Huntingdon Pa. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to Nov 19 1931

I last saw him alive on Nov 19 1931 Death is said to have occurred on the date stated above, at 3¼ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 1931

Other contributory causes of importance:

Cardiac Paralysis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) William J. Rogan M. D.

(Address) 801 S Luzerne ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84696

CERTIFICATE OF DEATH

131 E 84696

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 E. Mt Royal Ave 1-19 (Ward)

Length of residence in city or town where death occurred 4 Cyrs. ... mos. ... ds. How long in U. S. If of foreign birth?. ... yrs. ... mos. ... ds.

2. FULL NAME Ella Gover Munnikhuysen

(a) Residence: No. 19 E Mt Royal ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, ~~or Divorced (write the word)~~: widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm T. Munnikhuysen

6. DATE OF BIRTH (month, day, year): Aug 29 1858

7. AGE: Years 74 | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

13. NAME: Philip Gover

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

15. MAIDEN NAME: Sallie Moores

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT: Mr B Munnikhuysen

(Address): 406 Gittings ave

18. BURIAL, CREMATION, OR REMOVAL: Harford Co Md

Place: Rock Spring Cem Date: Nov 22 1932

19. UNDERTAKER: Henry H Jenkins Sons Co

(Address): McCulloh & Orchard sts

20. FILED: 1 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/20 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/3 1932 to 11/20 1932

I last saw her alive on 11/3 1932. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Cardio Hypertrophy + Chronic nephritis + uremia + Hypostatic + arteriosclerosis + senile	5 yrs,
Other contributory causes of importance:	
cerebral Hemorrhage.	1 hr

Name of operation: — Date of

What test confirmed diagnosis? Phy. E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19 ...

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John T Myers M. D.

(Address) 804 Cathedral St

M. D. B. 1268-9

84697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 120 E 84697

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Gandy

(a) Residence: No. 105 Somerset St., ... Ward. Crisfield Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Viola

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Plant employe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm Gandy

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Olivia Laws

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Crisfield Md Date Nov 23 1932

19. UNDERTAKER John T. Denny

(Address) Crisfield Md

Huntington Williams, M.D. Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932 to Nov 21, 1932

I last saw h[illegible] alive on Nov 21, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non-specific ulcerative colitis	1924
Other contributory causes of importance: anemia, secondary	

Name of operation Sigmoidostomy Date of Nov. 10, 32

What test confirmed diagnosis? Stool + Proctoscopic exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84693 E 84693

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1736 E. Homestead St St., 9-46 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth A. Hush

(a) Residence: No. 1736 E. Homestead St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Hush

6. DATE OF BIRTH (month, day, year) Feb. 13, 1838

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
94	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Easterbee

14. BIRTHPLACE (city or town) England
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Goerge Hush
(Address) 1736 E. Homestead St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 22 1932

19. UNDERTAKER Wm. J. Miller & Son
(Address) 2334 Gilmor St.

20. FILED 21 1932 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1932 to Nov 20 1932

I last saw her alive on Nov 19 1932 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/17/32
Other contributory causes of importance: Old age	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. C. Hauer M. D.

(Address) 720 Gaurson Ave

M. D. B. 2268-9

84699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84699

92-007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5613 Greenhill ave St., 42 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fredrich Habkemeier

(a) Residence: No. 5613 Greenhill ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widow

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Martha Habkemeier

6. DATE OF BIRTH (month, day, year) Dec 10 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employ Gas & Elec Light Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Habkemeier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbhelser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Irene Fanton

(Address) 2302 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date 11/22/ 1932

19. UNDERTAKER J. A. Logan

(Address) 3302 E. Baltimore

Filed 11 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 to Nov 19 1932

last saw h[illegible] alive on Nov 19, 1932 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nephritis (Chronic)	2 mo.
Other contributory causes of importance: Acute Cardiac Dilatation	1 day

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 608 North Pine St

M. D. B. 1268-9

84700

HEALTH DEPARTMENT—CITY OF BALTIMORE

84700

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3119 E Dillon St. 1-1 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel J. Coyne

(a) Residence: No. 3114 E Dillon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Coyne

6. DATE OF BIRTH (month, day, year) Oct 19-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Patrick Coyne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose Me Kenna

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frank Coyne

(Address) 3119 Dillon St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov 22 1932

19. UNDERTAKER John A. Myers

(Address) 3000 E. Baltimore St.

Huntington Williams, N.A.

Registrar.

FILED 1 1932

8 A. P. M.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1932 to Nov. 19, 1932

I last saw h. alive on Nov. 19, 1932 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced Pulmonary Tuberculosis.	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Joseph Toulson M. D.

(Address) 800 S. Ellwood Ave

M. D. R. 1268-9

84701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84701

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel M. Warrington

(a) Residence: No. Mt. Pleasant Beach St., ... Ward. Paradena, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~ Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Estella E. Warrington

7. DATE OF BIRTH (month, day, year) September 10, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 27 yrs.

12. BIRTHPLACE (city or town) Laurel
(State or country) Delaware

13. NAME William Warrington

14. BIRTHPLACE (city or town) Delaware
(State or country)

15. MAIDEN NAME Henetta Collins

16. BIRTHPLACE (city or town) Delaware
(State or country)

17. INFORMANT Mr. Victor Warrington
(Address) 2608 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 22 1932

19. UNDERTAKER Joseph H. Cook
(Address) 1005 E. Baltimore St.

20. FILED Nov 23 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1932 to Nov. 18, 1932

I last saw him alive on Nov. 18, 1932 Death is said to have occurred on the date stated above, at 7:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tularemia	11/1/32
Other contributory causes of importance:	
Bronchial pneumonia	11/10/32

Name of operation None Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) D. M'l. Currie, M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84702

CERTIFICATE OF DEATH

93 E 84702

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2810 Keyworth Ave. St. 15-58 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Ruhl

(a) Residence: No. 2810 Keyworth Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna R. Ruhl

6. DATE OF BIRTH (month, day, year) July 19, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pennsylvania R.R.

10. Date deceased last worked at this occupation (month and year) July 1922

11. Total time (years) spent in this occupation 49 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME Peter Ruhl

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Anna R. Ruhl
(Address) 2810 Keyworth Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cumberland, Pa. Date Nov. 23 1932

19. UNDERTAKER
(Address) 1095 N. Baltimore St.

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1930 to Nov. 20 1932

I last saw h. alive on Nov 20 1932 Death is said to have occurred on the date stated above, at 4.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Senile Atrophy	
Senility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James E. Ashcraft M. D.

(Address) 4012 Park Heights Ave.

A&Co. 5-31 250B

E 84703 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84703

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 22 Registered No.
CITY OF BALTIMORE: (No. 11-14 St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Ely Beeraft
(a) Residence: No. 5516 Windsor Mill Rd St., Woodlawn Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Beeraft.

6. DATE OF BIRTH (month, day, year) [illegible] 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jobber
10. Date deceased last worked at this occupation (month and year) 1925
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Carrol Co. Md.
13. NAME Edward Beeraft. Md.
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Mary Porter
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Hospital Records.
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Oakland, Md. Date Nov 25 1932
19. UNDERTAKER Joseph H Cook
(Address) 1003 W. Baltimore St.
Huntington Williams, M.D. Registrar.
LR 211932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21- 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-14-32, 19..., to 11-21-, 1932
I last saw him alive on 11-21 1932 death is said to have occurred on the date stated above, at 6.35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Puncture wound of foot with rusty nail	10-17-32
(b) Tetanus	10-22-32
Other contributory causes of importance: Respiratory failure	11-19-32

Name of operation None. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury 10-18 1932
Where did injury occur? At home. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck nail in foot.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Geo. M. Gittle M. D.
(Address) 4435 Maryland Ave.

A&Co. 5-31 250B

84704 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84704

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2702 Parkwood Ave St) 13-54 Ward)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Lewis Blessing Wilhide

(a) Residence: No. 2702 Parkwood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie G. Wilhide

DATE OF BIRTH (month, day, year) Dec 1 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sight Seeing Automobile
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

13. NAME John Wilhide

14. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

15. MAIDEN NAME Susan Blessing

16. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

17. INFORMANT Mrs Annie Wilhide
(Address) 2702 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Cem. Mount Olivet Date Nov 23 1932

19. UNDERTAKER Chas. J. Blank
(Address) 1412 W. Baltimore St

FILED 1932 10 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1932 to Nov 20 1932

I last saw him alive on Nov 20 1932 death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Hemorrhage of Brain	Nov 2 1932

Other contributory causes of importance: Coronary Sclerosis Slight Blood Pressure

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) H. C. Israel M. D.
(Address) 1907 Eutaw Pl

M. D. B. 1268-4

E 84705 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84705

CERTIFICATE OF DEATH

131

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308-E. Lafayette Ave. St., 9-18 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Sexton Marshall

(a) Residence: No. 1308-E. Lafayette Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline (Snyder)

6. DATE OF BIRTH (month, day, year) May 30th, 1863

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69	5	21 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland.

FATHER

13. NAME John Marshall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Loch (Handley)

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles H. Marshall
(Address) 1308-E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/23/32 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20 1932

22. I HEREBY CERTIFY, That I attended deceased from December 4 1929 to Nov. 20 1932

I last saw him alive on Nov 20 1932 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1928?

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel A. Wolfe, M. D.

(Address) 1331 E. Northern

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84706

CERTIFICATE OF DEATH

E 84706

194-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Charles Barbero

(a) Residence: No. 820 N. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine (Scollo) Barbero

DATE OF BIRTH (month, day, year) Oct 28/1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	0	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Foremen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Dominick Barbero

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Catena --------

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Josephine Barbero

(Address) 820 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Vincent Date 11/24/32 19

19. UNDERTAKER George J. Kuth Sons

(Address) 1133 W. Fayette St.

20. FILED 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	11/14/
(Chr. Asthmatic)	
Other contributory causes of importance: Infection of hand	11/3/32
Name of operation Incision & drainage	Date of 11/13/

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? At work (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Information was struck by hammer

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Bates M. D.

(Address) 506 E. Lexington Coroner

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84707

CERTIFICATE OF DEATH

1 3 1 E 84707

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2219 Mura ST., 8-17 WARD)

2—FULL NAME William Leuthem

(a) RESIDENCE NO. 2219 Mura ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Lifetime ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
~~(or) WIFE of~~ Mary C. Leuthem

DATE OF BIRTH (month, day, and year) Sept 11. 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pharmacist

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Charles Leuthem

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Leo Ehringer

(Address) 2219 Mura St.

Filed 1 1932, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 19. 32

17

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1932, to Nov. 19, 1932, that I last saw h in alive on Nov. 18, 1932 and that death occurred, on the date stated above, at 1.30 p m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Endocarditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical methods

(Signed) Geo. C. Shannon, M. D.

11/19. 1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cem	Nov 22 1932
20 UNDERTAKER	ADDRESS
John C. Mibler & Son	35 E. Oliver

M. D. B. 1200-0

84708

E 84708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3729 Falls Road St. 13-57 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice E Shay

(a) Residence: No. 3729 Falls Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Shay

6. DATE OF BIRTH (month, day, year) June 10, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 67	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Kemme

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lester L Shay
(Address) 3900 Fairfax Road

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Nov 23, 1932

19. UNDERTAKER Chenoweth Bros
(Address) 3615-17 Chestnut Ave

20. FILED Nov 22 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1932 to Nov. 21 1932

I last saw her alive on Nov. 20 1932 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Pressure	11/20/32
	Coma

Other contributory causes of importance:

Artero Sclerosis	10/20/31

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. D. Comber M. D.

(Address) 320 Rotary Arc

M. D. B. 1268-9

84709 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84709

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Park Ave. St. 13-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth 80 yrs. mos. ds.

2. FULL NAME Hattie Rascovar

(a) Residence: No. 2102 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Rascovar

7. DATE OF BIRTH (month, day, year) Sept. 14, 1851

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin

13. NAME Abraham Friedemann

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME ? Lapinsky

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. M. Rascovar
(Address) 2102 Park Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Heb. Friendship Date Nov. 22, 1932

19. UNDERTAKER Harry Goodman & Son
(Address) 1902 Eutaw Place.

20. FILED NOV 22 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20th. 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1930 to Nov 20 1932

I last saw h 8v alive on Nov 20 1932 Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis interstitial	3 yrs.
arteriosclerosis	15 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward Weber Towne, M. D.

(Address) 1810 Eutaw Place.

84710 M. & T.—100 B—50L

E 84710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH

REGISTERED NO. .....

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 4-7 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Thomas Allen Raley

(a) RESIDENCE NO Abell St Marys Co ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. 15 mos. 1/2 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12/31

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Abell St Marys Co

PARENTS

10 NAME OF FATHER John D. Raley

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Marys Co

12 MAIDEN NAME OF MOTHER Evelyn Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St Marys Co.

14 Informant John D. Raley

(Address) Abell Md

Filed ..... 193 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Concentrated Lye
accidently swallowed by
child

(duration) ..... yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) ..... yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? External Burns

(Signed) James M Faulconer, M. D. Coroner

11/22, 193 2 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Abell Md.

DATE OF BURIAL Nov 23 1932

20 UNDERTAKER George A Farley

ADDRESS Fulton ave Fayette St

M. D. B. 1268-0

84711

HEALTH DEPARTMENT—CITY OF BALTIMORE

84711

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 S. Bayson St., 20-28 Ward) Registered No. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myra Fern Herbert

(a) Residence: No. 340 S. Bayson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Roland H. Herbert

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Eleanor G. Lutherne

16. BIRTHPLACE (city or town)
(State or country) Baltimore

17. INFORMANT Mrs Geo H. Lutherne
(Address) 340 S. Bayson St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 23 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E. Jone street

20. FILED 19 Registrar.

NOV 22 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1932 to Nov. 21, 1932

I last saw her alive on Nov. 21, 1932. Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	
Bronchitis	

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Grantham M. D.

(Address) 1123 N. Paca St

)—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84712

CERTIFICATE OF DEATH

82-001

84712

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

ITY OF BALTIMORE: (No. University Hospital ST. 325 WARD)

2-FULL NAME Carmelo Russo

(a) RESIDENCE NO 608 W. Lexington ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

~~married~~, widowed, ~~or divorced~~
HUSBAND of
(or) ~~WIFE of~~ Salvatore Russo

DATE OF BIRTH (month, day, and year) Jan 3rd 1841

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	10	17	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) Fruit
(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Vincent Russo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant August Russo

(Address) 608 W. Lexington St

Filed ... 192 ... Registrar

22 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 20th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ... (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Poisoned by illuminating gas

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? ...

What test confirmed diagnosis? ...

(Signed) ... M. D. Coroner

11/14, 1932 (Address) 2239 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Nov 23rd 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul St

M. D. R. 1263-9

84713

HEALTH DEPARTMENT—CITY OF BALTIMORE 84713

CERTIFICATE OF DEATH

106+002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 W. Mulberry St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucy H. Walker

(a) Residence: No. 532 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, ~~widowed~~, ~~divorced~~ HUSBAND of (or) WIFE of Robinson D. Walker

6. DATE OF BIRTH (month, day, year) Mar 11th 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Syringa Va.

FATHER

13. NAME John T. Robinson

14. BIRTHPLACE (city or town) (State or country) Syringa Va.

MOTHER

15. MAIDEN NAME Alice Bleake

16. BIRTHPLACE (city or town) (State or country) Syringa Va

17. INFORMANT Mattie Bethea

(Address) 532 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Hollywood Grove Va Date Nov 22nd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Nov 22 1932 Henrietta Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 7th 1932 to November 20 1932

I last saw her alive on November 20, 1932 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	Nov 18

Other contributory causes of importance:

Cardiac Hypertrophy and Chronic Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Amelia C Sims M. D.

(Address) 1717 N Caroline St

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84714

E 84714

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1826 Eastern Ave St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Laszczynska

(a) Residence: No. 1826 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) Feb. 17-1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Laszczynski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Teresa Buczynska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Laszczynski

(Address) 1826 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 11/23 1932

19. UNDERTAKER Wm Zielkowski

(Address) 1826 Eastern Ave

20. FILED NOV 22 1932 19 Huntington Williams, Md.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1932 to Nov 21, 1932

I last saw her alive on Nov. 19 32 death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Nov. 10
Other contributory causes of importance: None.	

Name of operation No Date of .....

What test confirmed diagnosis? P.D.+D. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John J. Zawadzki, M. D.

(Address) 1802 Eastern Ave

H. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84715

E 84715

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirm St. 6-9 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 23 yrs. ... mos. ... ds.

2. FULL NAME Peter Mahr

(a) Residence: No. Hamburg Ave. St., Ward. Stattners Run Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Mahr. (1887)

DATE OF BIRTH (month, day, year) March 2 1887

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Mahr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Bru...

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Paul

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Nov 23 1932

UNDERTAKER P. S. Conaway

(Address) Franklin Williams, Md.

DATE 1932 Franklin Williams, Md.

NOV 22 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21-1932

22. I HEREBY CERTIFY, That I attended deceased from NOV 18 1932, to NOV 21 1932

I last saw h[illegible] alive on NOV 21-1[illegible] 1932. Death is said to have occurred on the date stated above, at 5:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Chronic Interstitial nephritis &	
Chronic Myocarditis and	1925
Myocardial Degeneration	

Other contributory causes of Importance:

Name of operation none Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of Injury ...

Nature of Injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Webber Thomas M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84716

CERTIFICATE OF DEATH

V 173 E 84716

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No.) Woodland Park St., 15-23 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miles Tolson

(a) Residence: No. 1349 Woodyear Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 28 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Eugene Tolson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Martha Holland

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Martha Tolson

(Address) 1349 Woodyear

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Nov 23 1932

UNDERTAKER Thomas E. Kelson

(Address) 1003 Pennsylvania Ave

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1932 to Nov 19 1932

I last saw h alive on Nov 19 1932 Death is said to have occurred on the date stated above, at 6:00 a m

The principal cause of death and related causes of importance were as follows:

	Duration of Interval
Septic Pneumonia due to Gas Bacillus from Gun shot wound.	
Other contributory causes of importance:	

Name of operation Autopsy Date of Nov 19 1932

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 17 1932

Where did injury occur? 600 Penna Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Kelly M. D.

(Address) Coroner

M. D. B. 1268-9

84717

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84717

CERTIFICATE OF DEATH

Registered No. 22-001

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1600 Lanvale St. Ward) 16-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Lee

(a) Residence: No. 1007 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col.	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine See

7. DATE OF BIRTH (month, day, year) Aug 14. 1905

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

13. NAME James See.

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mollie Copeland

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Catherine See

(Address) 1007 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date NOV 22. 1932

19. UNDERTAKER Thomas G. Kelson

(Address) 1303 Eastman St

20. FILED Huntington Williams M.D.

NOV 22 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3. 1932 to Nov. 19. 1932

I last saw h[illegible] alive on Nov. 19. 1932. Death is said to have occurred on the date stated above, at 12. Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	Nov 9
Other contributory causes of importance:	
Emphysematic Uremia	

Name of operation Resection of Colon Date of Nov 11

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Barton Higgins M. D.

(Address) Provident Hospital

M. D. H. 1265-9

84718 E 84718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 29 Ward) Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. 10 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George D. Sheldon

(a) Residence: No. 1128 Ridgely St., Ward.
(Usual place of above) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Sheldon.

DATE OF BIRTH (month, day, year) June 13th 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Edw. Sheldon.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Emma Burkehead.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Frank Moyer

(Address) 1128 Ridgely St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 11-23, 1932

19. UNDERTAKER Bernard C Harle.

(Address) 1000 S Paca St.

20. FILED NOV 22 1932 Registrar Baltimore Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to pistol shot of lung

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11 , 19 32

Where did injury occur? 868 E. Pratt St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

M. D. B. 1268-9

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HEALTH DEPARTMENT—CITY OF BALTIMORE

84719 84719

CERTIFICATE OF DEATH

Balto City Hosp 131

1. PLACE OF DEATH Henry Teagdon

CITY OF BALTIMORE: (No. 1214 Bond St St., 8-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Teagdon

(a) Residence: No. 1214 N. Bond St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Teagdon

7. DATE OF BIRTH (month, day, year) June 30 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Leaksville N.C.

13. NAME Peter Teagdon

14. BIRTHPLACE (city or town) (State or country) Randolph N C

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/22. 1932

19. UNDERTAKER Kayna Sandoe

(Address) 1403 E. Preston St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-16 1932 to 11-30 1932

I last saw him alive on 11-20 1932 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	10-15-32
Other contributory causes of importance:	
Arteriosclerosis with acute uremia	1

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

11-21-32 (Signed) Elmer Hitchcock M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

84720 HEALTH DEPARTMENT—CITY OF BALTIMORE 84720

26709 Ped.

CERTIFICATE OF DEATH

79-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 3-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Robinson

(a) Residence: No. 302 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	—

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Apr. 30-1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	6/1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry Robinson

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Lizzie May

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Nov 22 1932

19. UNDERTAKER Edw. Smellie
(Address) 1516 McCulloh St

20. FILED Nov 22 1932 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-19- 1932 to 11-21- 1932

I last saw him alive on 11-21- 1932. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis & Pneumococcus Septicemia	11/19/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John P. Washington M. D.

(Address) Johns Hopkins Hosp.

H. D. B. 1268-6

84721 Antanas Alekna ✓ E 84721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 1375 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antanas Alekna or Alekin

(a) Residence: No. 30 Albemarle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 6/12/1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania Alexin

13. NAME Antanas Alekna

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Allen

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Adolfas Urbon

(Address) 30 Albemarle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 23 1932

19. UNDERTAKER John Grabliauskas

(Address) 1422 E. Fayette St.

20. FILED 1932 Huntington Williamsport Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/12 1932 to 11/20 1932

I last saw h(M) alive on 11/20 1932. Death is said to have occurred on the date stated above, at 6-15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Pneumonia	8 d

Other contributory causes of importance:

Arteriosclerosis	Chronic

Name of operation NO Date of

What test confirmed diagnosis? C. F. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Bruce Lukehart M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84722

CERTIFICATE OF DEATH

84722

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 N. Broadway St., 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin W. Armiger

(a) Residence: No. 722 N. Broadway St., ... Ward. 7

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): May 3 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: John F. Armiger

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Annie Meffe

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Sallie A. Roselyn

(Address): 604 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Nov 23 1932

19. UNDERTAKER: William G. Schaffer

(Address): 1446 W. Pratt St

NOV 22 1932 Huntington Avenue Station Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1932, to Nov 21, 1932

I last saw him alive on Nov 20, 19 ... Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy (Acute) Cerebral Hemorrhage	11/20

Other contributory causes of importance:

Coma

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Alfred Gage, M. D.

(Address) 704 N. Eutaw

Cor.—10-10-29—A Co.—100 Bks.

E 84723

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84723

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (a) Union Memorial Hospital (Ward) 16 24

2-FULL NAME Frederick C. Johnson

(a) RESIDENCE NO. 1729 Guilford Ave. St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M.	W.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia Johnson.

6 DATE OF BIRTH (month, day, and year) March 11 1899

7 AGE	Years	Months	Days	IF LESS than 1 day... hrs. or... min.
	33	8	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Lynchburg
(State or country) Va.

PARENTS

10 NAME OF FATHER F. Johnson

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Va.

12 MAIDEN NAME OF MOTHER Anna Cottel

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Va.

14 Informant Lydia Johnson.
(Address) 1729 Guilford Ave.

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/20 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Glomular Disease of Kidneys

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) H. C. Rossmeisl M. D.

11/21 1932 (Address) 3631 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Memorial Park	11/23 1932.
20 UNDERTAKER	ADDRESS
Chas B. Kuchaueckas	637 S. Paca St

M. D. B. 1268-9

E 84724

E 84724 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolton at 1600 St. 1745 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick Kennedy

(a) Residence: No. 631 N. Calvert St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced BUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) March 16 1854

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Thomas Kennedy

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Gunning

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Patrick Kennedy

(Address) 631 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 23rd 1932

UNDERTAKER Leo F. Cook

(Address) 1723 N. Patterson Park Ave

FILED 22 1932 Huntington Hillicus, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/15/32 19... to 11/19 1932

I last saw h. (XX) alive on 11/19 1932. Death is said to have occurred on the date stated above, at 6-45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastasis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

11-22-32 (Signed) Wm. Bowie Sclavos M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

84725 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 84725

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 E. Eager St., 713 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence Gertrude Edwards

(a) Residence: No. 1728 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alonzo Edwards

6. DATE OF BIRTH (month, day, year) Nov. 1 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	-	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm. R. Pridgeon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Georgama Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Alonzo Edwards
(Address) 1728 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Parkwood Cem Date Nov. 23, 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

20. FILED ..., 19... [illegible] Registrar.

22 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1932 to Nov 20th, 1932

I last saw h[illegible] alive on Nov 19, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Arteriosclerosis

Cause Say Uremia

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. C. Solomon M. D.

(Address) 1900 Bolair Rd

4726 [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ ME 84726

210-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospitals St. 26-37 Ward)
Length of residence in city or town where death occurred 46 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Katie Sapp

(a) Residence: No. 4915 Toone St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm E. Sapp

DATE OF BIRTH (month, day, year) March 13, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	67	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dish washer
9. Industry or business in which work was done, as mill, saw mill, bank, etc. City Hospitals
10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Howard

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Bates

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna J. Bahle
(Address) 4817 Holabird Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Edmondson Ave. Date Nov. 24, 1932

19. UNDERTAKER George W. Zibler
(Address) 1737 E. Eager St Hampton Nurseries, Md.

20. FILED 12-2-1932 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry 19 .... to .... 19 ....
I last saw h[illegible] alive on inquiry 19 .... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures
Shock.

Date of onset

Other contributory causes of importance:

Stroke by automobile

Name of operation none Date of ✓
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury 11/19/1932
Where did injury occur? Ponca St & Boston St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury Stroke by auto while walking along Ponca St
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ....

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2200 E. Madison St.

Spec.—5/16/32—100 Bks.

E 84727.

Meekins ✓

E 84727

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE—(No.) 1620 W Ley ST. 19-27 (WARD)

2—FULL NAME Ella Jackson

(a) RESIDENCE NO. 1620 W. Lexington ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of John

DATE OF BIRTH (month, day, and year) ? 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Va.

10 NAME OF FATHER Peter Anderson Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown Va.

12 MAIDEN NAME OF MOTHER Margaret Hill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va. Unknown

Informant Louise Wilson

(Address) 1620 W. Lexington

Filed ... 221932 ... Registered ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11—20—32

17 I HEREBY CERTIFY That I attended deceased from Nov. 13, 1932, to Nov. 17, 1932, that I last saw h[illegible] alive on Nov. 17, 1932 and that death occurred, on the date stated above, at 2-A—m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) W. T. Barksdale, M. D.

, 19 (Address) 526 W. Carey St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 11/23/19 32

20 UNDERTAKER Mrs. Geo. R. Holland

ADDRESS 1001 Druid Hill

M. D. B. 1268-9

E 84728 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84728

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md St. E-1 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Pohlman (Poehlmann)

(a) Residence: No. 1305 E. Washington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank A. Pohlmann

6. DATE OF BIRTH (month, day, year) Oct 2 63

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Mrs Frontmeier

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date Nov 25 1932

19. UNDERTAKER Philip Herring
(Address) 2018 E. Belgrade St.

20. FILED NOV 22 1932 Washington Wilkerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-17 1932 to 11-22 1932

I last saw h. alive on 11-22 1932 Death is said to have occurred on the date stated above, at 4:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	Unknown

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-22-32 (Signed) Ellen Highberger M. D.

(Address) Balto. City Hospitals

M. D. H. 1268-9

E 84729 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84729

CERTIFICATE OF DEATH

Registered No. 393-993

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 6314 Hudson St. [illegible] Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Biemiller
(a) Residence: No. 6314 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Caroline N. Biemiller

7. DATE OF BIRTH (month, day, year) Dec 16/1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Edward Biemiller
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Mathaeus
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Caroline N. Biemiller
(Address) 6314 Hudson
18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Nov 2, 1932
19. UNDERTAKER Philip Steurer
(Address) 206 E Fayette St

NOV 22 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20th 1932

I HEREBY CERTIFY, That I attended deceased from July 10th 1937 to November 20th 1937
I last saw him alive on Nov. 20 - 37 19 Death is said to have occurred on the date stated above, at 7:24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystine Degeneration of Kidneys	[illegible]

Other contributory causes of importance:

Senile Dilatation of Heart	[illegible]

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) 6 E. Eastern Ave Balto

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84730

84730

Registered No. 82-002

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5718 Harford Rd St. 27-43 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph L. Stockman

(a) Residence: No. 5718 Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) May 18 1900

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Joseph Stockman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mary Enge

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Joseph Stockman

(Address) 5718 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 23 1932

19. UNDERTAKER Philip Brandt

Address 1600 Eden St

NOV 24 1932

20. FILED 1932 Registrar Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1932 to Nov 20 1932

I last saw him alive on Nov 20 1932. Death is said to have occurred on the date stated above, at 5 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Other contributory causes of importance: Cerebral embolism mental deficient (life)	

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Herman G Voigt M D M. D.

(Address) 5106 Harford Rd

M. D. B. 1268-9

✓ M E 84731

84731 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 210-002

Registered No. 5-72

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter H. Harman

(a) Residence: No. Jessups, A.A.Co., Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary J. Harman

6. DATE OF BIRTH (month, day, year) Aug 22, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer on

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Roads Comm.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm H. Harman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Lamar

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Frank Harman

(Address) Jessups, A.A.Co, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Md Date Nov 23 1932

19. UNDERTAKER Floyd Kaiser

(Address) Laurel Md

20. FILED Nov 23 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy, 19 to 19

I last saw h alive on injury & autopsy, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull
Lacerated Brain

Date of onset

Other contributory causes of importance:

Struck by automobile

Name of operation None Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/21, 1932

Where did injury occur? Washington Blvd nr Carey
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury He was struck by an

Nature of injury auto while standing on Road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Paloney M. D.
Coroner

(Address) 2200 E Fayette St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84732

CERTIFICATE OF DEATH

93-023

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 257 West ..... St., 13 (or Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth E. Parker

(a) Residence: No. 257 West 4 St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William E. Parker

6. DATE OF BIRTH (month, day, year) Aug 2nd 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME Mary Brooks

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT William E. Parker (Husband)
(Address) 257 West 4th St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date Nov 23, 1932

19. UNDERTAKER Lilly & Zeiler Inc.
Address 1100 Huntington Ave
NOV 22 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1932 to Nov 21, 1932

I last saw h alive on Nov 19, 1932 Death is said to have occurred on the date stated above, at 5 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis Subacute -	Nov 1932

Other contributory causes of importance: Senile Arteriosclerotic Cardio-Vas. Syphilis

Name of operation None Date of -

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank Kreuer M. D.

(Address) 125 S Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84733 E 84733

CERTIFICATE OF DEATH

93-005

1. PLACE OF DEATH aged Mens Home

CITY OF BALTIMORE: (No. 1400 W Lexington St. 19-23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Serapsey

(a) Residence: No. 1400 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of
7. DATE OF BIRTH (month, day, year): July 28, 1848
8. AGE: Years 84; Months 3; Days 24; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): New York
13. NAME: John Serapsey
14. BIRTHPLACE (city or town) (State or country): New York
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown
17. INFORMANT: Mary E. Forestal
(Address) 1400 W Lexington
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 23 19 32
19. UNDERTAKER: George J. Smith
(Address) 1532 Pitcairn Huntington Williams, W. Va.
20. Registrar.

21932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Nov 22, 1932
I last saw him alive on Nov 21, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic — Date of onset
Auricular Fibrillation

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of —
What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward B. Jones M.D.
(Address) 1115 St Paul St., City

M. D. H. 1268-9

84734 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84734

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 454 N. Robinson St. 6-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town: where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 61 yrs. ... mos. ... ds.

2. FULL NAME Catherine Kafka

(a) Residence: No. 454 N. Robinson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James Kafka

6b. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Austria

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Mary Reiner 454 N Robinson St

18. BURIAL, CREMATION, OR REMOVAL
Place Dale Hill Date Nov 23, 1932

19. UNDERTAKER Frank Brooks Son
(Address) 1906 Eastland Ave

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Nov 21, 1932

I last saw her alive on Nov 20, 1932. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast & metastasis to abdomen	1 year

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Obser. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

11/21/32 (Signed) H. B. Titlow M. D.
(Address) 315 S. Highland Ave

H. D. H. 1268-9

84735 HEALTH DEPARTMENT—CITY OF BALTIMORE 84735

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Belnord St., 7-10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Kotis

(a) Residence: No. 523 N. Belnord St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, year) Nov 12/1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James Kotis

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Marie Kodidek

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Mary Vales
(Address) 523 N. Belnord

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 23, 1932

UNDERTAKER Frank Brach & Son
(Address) 1600 Eastern Ave

FILED 1932 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Chr. Myocarditis

Date of onset ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. H. Tatem Coroner, M. D.

(Address) 516 E Monument

AACo. 5-H 250B

84736 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84736

CERTIFICATE OF DEATH

82-004

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 E. Biddle St. 8-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles W. Siebert

(a) Residence: No. 1606 E. Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Rosa Hofmeister

DATE OF BIRTH (month, day, year) April 12th 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Liquor Dealer

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Charles F. Siebert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Yerger

16. BIRTHPLACE (city or town) (State or country) City.

17. INFORMANT Mrs. Chas. W. Siebert

(Address) 1606 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/24/ 1932

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave

DATE 11-24-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1932, to Nov 20 1932

I last saw him alive on Nov 20 1932, death is said to have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis —	Nov 16 32
Other contributory causes of importance:	
Cerebral arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Nov Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Mc Carty, M. D.

(Address) 3711 Pres tm St.

M. D. B. 1268-9

84737 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84737

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 333 S. Fulton Ave. St. 19-28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph E. Sigwart

(a) Residence: No. 333 S. Fulton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary E. Sigwart (nee Schum

6. DATE OF BIRTH (month, day, year) Oct. 23, 1872.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60		28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brush Maker do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Max Sigwart

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Mary Pambuck

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Mrs. Joseph E. Sigwart
(Address) 333 S. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov. 25, 19 32

19. UNDERTAKER Sigl Funeral
(Address) 401 Woodbourne Ave.

20. DATE 2 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 19 32 to Nov 21, 19 32

I last saw h... alive on Nov 21, 19 32 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	48 hrs

Other contributory causes of importance:

Acute cardiac dilatation	1 day

Name of operation None Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Miller M.D. M. D.

(Address) 2030 Wilkens Ave.

M. D. B. 1268-9

84738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84738

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2663 Hoffer St. 20-64 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Kuffe

(a) Residence: No. 2663 Hoffer St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, (Widowed,) or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas Kuffe 1871

6. DATE OF BIRTH (month, day, year): Jan 8th 1871

7. AGE: Years 61 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Adolph Seiler

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Wilkinson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: John C. Kuffe

(Address) 2657 Hoffer St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 11/23/32, 19

19. UNDERTAKER: F. B. Westhaus

(Address) 516 Eutaw St

20. FILED: Huntington Williams, Registrar. N.B.H.

NOV 22 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/20/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1932 to Nov. 20, 1932

I last saw HER alive on Nov. 20, 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/30/32
Other contributory causes of importance: Exhaustion	11/18/32

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) R. L. Campbell M. D.

11/22/32 (Address) 644 Hanover St

M. D. B. 1263-9

84739 HEALTH DEPARTMENT—CITY OF BALTIMORE 84739

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6306 Belair Rd St. 27-42 Ward 2

Length of residence in city or town where death occurred 84 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Means

(a) Residence: No. 6306 Belair Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. E. Means

6. DATE OF BIRTH (month, day, year): Oct 14-1848

7. AGE: Years 84 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ---

10. Date deceased last worked at this occupation (month and year): ---

11. Total time (years) spent in this occupation: ---

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

FATHER

13. NAME: John Albaugh

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Probst

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Jessie Morris
(Address) 6306 Belair Road

18. BURIAL, CREMATION, OR REMOVAL: Date 11/23/32
Place Baltimore Cem

19. UNDERTAKER: F. B. Wehrheit
(Address) 1300 Eutaw Street

20. FILED ... 19 ... Registrar.
Huntington Phillips
R.RN

DEC 2 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/20/32

22. I HEREBY CERTIFY, That I attended deceased from June 22 1932 to Nov 19 1932

I last saw her alive on Nov 19 1932 Death is said to have occurred on the date stated above, at 7.55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Myocarditis	

Other contributory causes of importance:

Old age	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. E. Mayer M. D.

(Address) 26 E Baltimore St

AaCo. 5-31 250B

84740 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84740

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3522 Elm Ave St. 13 Ward) 1352

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. Peregoy

(a) Residence: No. 3522 Elm Ave. St., 13 Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William H. Peregoy

7. DATE OF BIRTH (month, day, year): Jan. 16-1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

13. NAME: Phillip Fare

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Isabelle Alban

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: William H. Peregoy
(Address) 3522 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Nov. 23- 1932

19. UNDERTAKER: Horace E. Burgee
(Address) 3631 Falls Road

20. 1932 Huntington Wellington, Nov. 25
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 21- 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1932, to Nov 21st, 1932

I last saw h[illegible] alive on Nov 21st, 1932 death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast. (General metastasis)	1924

Other contributory causes of importance: Acute Intestinal Obstruction 5 days

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. A. Gilliam, M. D.

(Address) 3614 Falls Rd.

Cor.—10-10-29—A Co.—100 Bks.

E 84741

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84741

CERTIFICATE OF DEATH

V186-006

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Bon Secours Hospital 16-68 Ward)

2-FULL NAME Mrs. Johanna Schmid

(a) RESIDENCE NO. 2819 Raynor Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6 DATE OF BIRTH (month, day, and year) Dec. 9, 1853

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	78	11	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) .....
(State or country) Germany

PARENTS

10 NAME OF FATHER Henry Otto

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Mrs. M. Gebhart
(Address) 2841 Raynor Ave.

15 Filed 11-23 1932 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardiac Decompensation I.
Renal Insufficiency
Unknown (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fracture of Lt Femur
Accidental (duration) yrs. mos. 7 ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical & Clinical

(Signed) Guy L. Bromwell M. D.

11/22 1932 (Address) 703 Lafayette Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 11/23 1932

20 UNDERTAKER Mary A. Gawthrop — ADDRESS 2839 Ray.

AACo. 5-31 2508

84742 HEALTH DEPARTMENT—CITY OF BALTIMORE 84742

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4707 Pennington Ave St., 23 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wojciech Buczynski

(a) Residence: No. 4707 Pennington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia Buczynski

6. DATE OF BIRTH (month, day, year) 23 April 1845

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME OF FATHER John Buczynski

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME OF MOTHER ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Julia Buczynski
(Address) 4707 Pennington

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Nov 24 1932

19. UNDERTAKER J. V. Rozwadowski
(Address) 1930 Eastern Ave

Filed Nov 23 1932, 19 ... Washington Williams ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1932.

22. I HEREBY CERTIFY, That I attended deceased from July, 1931, to Nov 19, 1932
I last saw him alive on Nov 19, 1932 death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Long Duration	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No, specify ...

(Signed) Leo Dobosiewicz, M. D.
(Address) 4705 Pennington Ave

M. D. B. 1268-9

E 84743

E 84743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roland Washington

(a) Residence: No. 844 North Carey St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) May 16-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thomas Washington

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Sarah Washington

(Address) 844 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Unionville Va Date 11/23/32

19. UNDERTAKER Mrs. George E. Pollard

(Address) 1908 Druid Hill Ave

20. FILED NOV 23 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21- , 1932

22. I HEREBY CERTIFY, That I attended deceased from October 31st, 1932 to November 21st, 1932

I last saw him alive on Nov. 21st, 1932 Death is said to have occurred on the date stated above, at 8:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pott Disease - 5-6th Thoracic Vertebra	12/1/31
Lung abscess Nov 1 '32	
Diabetes Mellitus	
Paraplegia - Complicating Pott's	
Other contributory causes of importance:	
Toxemia	11/6/32

Name of operation Laminectomy Date of 11/1/32

What test confirmed diagnosis? Clinical & Post mortem. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kernisch M. D.

(Address) St Josephs Hosp

Spec.—1-12-23—M&T—500 Blks.

E 84744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84744

CERTIFICATE OF DEATH.

V 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2539 madison ave ST., 13-56 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Solomon A. Proctor

(a) RESIDENCE No. 2539 madison ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane

6 DATE OF BIRTH (month, day, and year): [illegible] 1890

7 AGE: Years 42; Months 7; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Doctor

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Solomon Proctor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Frances Edwards

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Mrs. Frances A. Proctor

(Address): 2539 Madison Ave

15 Filed: NOV 23 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 21 - 1932

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1931, to Nov. 21, 1932, that I last saw h[illegible] alive on Nov. 21, 1932 and that death occurred, on the date stated above, at 5-45 a. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 6 mos 19 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edw. J. Sheller, M. D.

11/22-1932 (Address) 1230 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem.

DATE OF BURIAL: 11/25/1932

20 UNDERTAKER: Mrs. Geo. H. Holland

ADDRESS: 1631 Druid Hill

H. D. H. 1268-9

E 84745

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84745

CERTIFICATE OF DEATH

167-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 11-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thelma Mitchell

(a) Residence: No. 2104 McCullough St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 14/31

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME George Mitchell

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME Marie Everett

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Marie Mitchell
(Address) 2104 McCullough St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Nov 28, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to 19

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 1.45 A.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset ...

Other contributory causes of importance:

Capillary Bronchitis — Date of onset 2 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 508 E North Ave

H. D. B. 1268-9

E 84746

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84746

CERTIFICATE OF DEATH

174

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp St. 14-20 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
(Length of residence in city or County where death occurred) 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Budd Fred Davis
(a) Residence: No. 1034 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Married
If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth
DATE OF BIRTH (month, day, year) Jan 11-1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Rubin Davis
14. BIRTHPLACE (city or town) (State or country) Mississippi
15. MAIDEN NAME do
16. BIRTHPLACE (city or town) (State or country) Va
INFORMANT Mary Lewis
(Address) 1034 Druid Hill

BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11/23/32 19
UNDERTAKER Mrs. Lis. E. Holland
(Address) 1621 Druid Hill Ave
FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19 1932
22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... Death is said
I last saw him alive on ... 19 ... to have occurred on the date stated above, at ... m.
The principal cause of death was (Duration) Date of onset
Hemorrhage due to stab wound of femoral vessels
Other contributory causes of importance:
Name of operation Autopsy Date of ...
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Falk Coroner, M. D.
(Address)

Cor.—10-10-29—A Co.—100 Bks.

84747

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84747

CERTIFICATE OF DEATH

V 107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2427 Oak St. 1251 Ward)

2-FULL NAME Lilian Reed

(a) RESIDENCE NO. 2427 Oak St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F	C	

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov 4 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	2		17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Vernon Reed

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Alice Brown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant Vernon Reed
(Address) 2427 Oak St

15 Filed 11/23 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Rosemeyer, M. D.

11/24 1932 (Address) 3632 Rolandson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL 11/23 1932

20 UNDERTAKER Marlow B. Knowles — ADDRESS 1129 Eutaw

Sec. 84748 —250 Blks

E 84748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1213 N. Eden St. (ST.) 10-14 (WARD)

2-FULL NAME Leuretia Lee

(a) RESIDENCE NO. 1213 N. Eden St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	col.	Widow

If married, widowed, or divorced HUSBAND of or) WIFE of James Lee.

DATE OF BIRTH (month, day, and year) 1860

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	72	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Major Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Whitmore

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Emma Johnson

(Address) 1213 N. Eden St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 21 32

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1932 to Nov. 21, 1932

that I last saw h[illegible] alive on Nov. 20, 1932

and that death occurred, on the date stated above, at 4:30 p. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(a) Several months (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Varicose veins of legs (duration) a few months yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) E. Mansfield Foyle, M. D.

11/24/1932 (Address) 1217 N. Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary

DATE OF BURIAL 11/23/1932

20 UNDERTAKER Woodall B. Frazier

ADDRESS 1129 N. Carlton

D. 84749

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 84749

CERTIFICATE OF DEATH

93-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2215 Homewood Ave 9-46 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. M. Landing

(a) Residence: No. 2215 Homewood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
(or) WIFE of George M. Landing

6. DATE OF BIRTH (month, day, year) 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Anna Myers

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Mary Mann

16. BIRTHPLACE (city or town) (State or country) England Virginia

17. INFORMANT Mrs. M. E. Waite

(Address) 2215 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Nov. 23, 1932

19. UNDERTAKER Mary M. Medairy

(Address) 501 E 22nd St Baltimore Md

NOV 23 1932 Huntington Williams Registrar.

19. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20/1932

22. I HEREBY CERTIFY, That I attended deceased from 2/3/1932 to 11/20/1932

I last saw her alive on 11/20/1932 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	11/17/32
Other contributory causes of importance:	
Senile Cerebral Degeneration	2/3/32
Myocarditis	7/1932

Name of operation ..... Date of .....

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. White M. D.

(Address) 532 E 22nd St

M. D. B. 1268-9

4750

E 84750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Madison ave St. 11-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thessie Teresa Stanton

(a) Residence: No. 1006 madison ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Stanton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Carrie Stanton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jno Stanton
(Address) 1006 madison ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 11-23 19 22

19. UNDERTAKER Daniel Easton
(Address) Huntington & Wilkens, N.P.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1932 to Nov 21 1932
I last saw her alive on Nov 1932 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tuberculosis	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A B Lazarus M. D.

(Address) W Saratoga St

AACo. 5-11 250B

E 84751 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84751

CERTIFICATE OF DEATH

107-001

Registered No. V

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Pennsylvania Av St. 7-24 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Sowles

(a) Residence: No. 1731 Penna Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 17 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Sowles

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Christine Brodolakis

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Geo Sowles

(Address) 1731 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11-23 1932

19. UNDERTAKER Daniel Easton

(Address) 916 Pa ave

20. FILED Nov 23 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1932 to Nov. 22, 1932

I last saw him alive on Nov. 22 1932 Death is said to have occurred on the date stated above, at 4 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	11/15/32
Other contributory causes of importance:	
Pneumo. Meningitis	2 days 11/20/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Emmett J. Jones M. D.

(Address) 2009 E. Pratt St

Spec.—9-30—A. & Co.—250 Bks

E 84752

84752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 29 N. Smallwood St. 20-16 WARD)

2. FULL NAME Caroline W. Hoopes

(a) RESIDENCE NO. 29 N. Smallwood St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo. W. Hoopes

6 DATE OF BIRTH (month, day, and year) Feb 13 1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81.	8	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Edmund G. Hoopes
(Address) 29 N. Smallwood St

15 Filed 23 1932 19 Hunter Williams Funeral Home

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/21/32

17

I HEREBY CERTIFY, That I attended deceased from 11/5, 1932, to Nov 21, 1932

that I last saw her alive on Nov 20, 1932

and that death occurred, on the date stated above, at 4:10 A. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Nephritis, Senile Asthenia -

(duration) ..... yrs. ..... mos. ? ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis? Clinical -

(Signed) J. Hollis Hemming M. D.

11/23/32 (Address) 2000 Hollins St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov. 23 1932
20 UNDERTAKER	ADDRESS
George L. Schmidt	1101 Eutaw

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84753 E 84753

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hos St. 15 62 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mr. Claridge L. Davis

(a) Residence: No. 3520 Lynchester Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary L. Hengemuehle

DATE OF BIRTH (month, day, year) July 4, 1873

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Claim Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Elwin Davis

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Sarah Lewis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Mary L. Davis

(Address) 3520 Lynchester Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov. 24 1932

19. UNDERTAKER Martin Fahey & Sons

(Address) 1527 N. North Ave.

20. Filed NOV 23 1932 Registrar Wm. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1932 to Nov 22, 1932

I last saw h[illegible] alive on Nov 22, 1932 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/17/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Alfred Von Ohne, M. D.

(Address) St. Agnes Hos.

rec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84754

E 84754

CERTIFICATE OF DEATH

1—PLACE OF DEATH Md. General Hospital REGISTERED NO. +108

CITY OF BALTIMORE: (No. ST., 14-4 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME— Okey Johnson Mauzy

(a) RESIDENCE NO.— Street, Maryland. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) L Grace Mauzy

DATE OF BIRTH (month, day, and year) May 13 1870

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62		6	10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work— Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)— Farming

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Franklin W. Va.

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Hospital Record

(Address)

Filed NOV 23 1932 Huntington Millwaukie, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 20, 1932, to Nov 23, 1932, that I last saw h~~im~~ alive on Nov 23, 1932 and that death occurred, on the date stated above, at 5:55 A m.

The CAUSE OF DEATH* was as follows:

Pneumonia c

Empyema

ovw

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. C. Proctor, M. D.

, 19 (Address) Md. General Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Darlington Md.

DATE OF BURIAL 11-23 1932

20 UNDERTAKER H. S. Bailey

ADDRESS Darlington Md.

M. D. B. 1268-9

84755 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84755

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Ashland Ave. 1-13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Eldridge

(a) Residence: No. 1728 Ashland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Eldridge

DATE OF BIRTH (month, day, year) Dec 29/1913

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	10	20 25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burksville, Va.

13. NAME Charles Jackson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Minnie Griffin

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Harry Eldridge
(Address) 1728 Ashland Ave

17. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Nov 22 1932

UNDERTAKER John T. Williams Son
(Address) 2215 McElderry St

Huntington Williams Jr
Registrar.

NOV 23 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Other contributory causes of importance: Tuberculosis	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John H Bacon, M. D.
Coroner
(Address) 508 E Fort Ave

Cor.—12-9-25—A Co.—200 Bks.

84756

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

E 84756

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Agnes Hospital St., 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Maher.

(a) RESIDENCE NO. 1429 Olive St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male.	White,	Married,

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Maher.

6 DATE OF BIRTH (month, day, and year) Jan. 8. 1880

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	52.	10.	14.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Iron worker.

(b) General nature of industry, business, or establishment in which employed (or employer) Water Dept.

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER John Maher.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland.

12 MAIDEN NAME OF MOTHER Elizabeth Volk

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md.

14 Informant Caroline Maher

(Address) 1429 Olive St

NOV 23 1932

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy, or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

4-6 h

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) (duration) ..... yrs. ..... mos. ..... ds.

(Signed) Guy M. Cromwell M. D.

(Coroner)

11/22/1932 (Address) 703 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs. ..... mos. ..... ds. In the State 4-6 hours yrs. ..... mos. ..... d

Where was disease contracted, if not at place of death?

Former or usual residence 1429 Olive St

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem Date of Burial Nov 25 193

20 UNDERTAKER H. Howard Evans ADDRESS 38 E Fort Ave

M. D. B. 1268-9

84757 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84757

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 N. Mount St. 19-27 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Ross

(a) Residence: No. 315 N. Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 11/21/32

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. 45 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Olen Ross

14. BIRTHPLACE (city or town) (State or country) Balt. Md.

15. MAIDEN NAME Dorothy Bagwell

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Dorothy Bagwell
(Address) 315 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Nov. 24 1932

19. UNDERTAKER Joseph A. Lucas
(Address) 4600 Mount Street

20. FILED Nov. 23 1932 ... Registrar.

231932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1932, to 11/22, 1932

I last saw him alive on 11/21, 1932. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Maternal Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edward W. Wagner M. D.

(Address) University Hospital

E 84758

H. D. B. 1268-9

84758 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dennison St., 17th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mns. ... ds.

2. FULL NAME Shelton Johnson

(a) Residence: No. 1230 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 27 1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1 mo	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Shelton Johnson

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Carrie

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Carrie Johnson
(Address) 1230 Etting St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date Nov. 24, 1932

19. UNDERTAKER Joseph A Langley
(Address) 1429 N. Monroe Street

Nov 23 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1932 to 11-22, 1932

I last saw him alive on Nov 22, 1932 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Bronchial	

Other contributory causes of importance:

Lobar Pneumonia	

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) B. F. Harris M. D.

(Address) Provident Hospital

E 34759

HEALTH DEPARTMENT—CITY OF BALTIMORE

34759

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Reeley

(a) Residence: No. Savage, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Widower

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Dan Reeley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Clyde

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clarence Reeley (Address) Savage Md.

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Md Date Nov 25, 1932

19. UNDERTAKER Floyd Kaiser (Address) Laurel Md

20. FILED DEC 1 1932 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15th 1932 to Nov. 23rd 1932

I last saw him alive on Nov. 23rd 1932 Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	1931
Diverticulum of Stomach - Hemorrhage	
Other contributory causes of importance: Infarct of Base Rt. Lung	10-30-32
Anemia	11-20-32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jeanne Jamahan M. D.

(Address) Jams. Hosp

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84760 E 84760

CERTIFICATE OF DEATH

157-003 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-W Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Lyons

(a) Residence: No. 244 S Carlton St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 20/32

AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John De Dominicis

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Anna Lyons

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Anna Lyons

(Address) 244 S. Carlton

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 11-23-32 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St

Huntington Williams M.D.

Filed 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Probably Congenital Debility.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Mason M. D.

Coroner

(Address) 408 E North Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84761

CERTIFICATE OF DEATH

131 E 84761

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 18-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Zepp

(a) Residence: No. 140 W. Lexington St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Feb. 24, 1855

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	77	7	8	26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Rube Bapp

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rachel Ziffley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Record, Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal Md Date Mar 25 1932

19. UNDERTAKER [illegible]

(Address) Health Department Huntington Avenue

20. FILED Mar 26 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-16 1932 to 11-20 1932

I last saw him alive on 11-20 1932 Death is said to have occurred on the date stated above, at 1:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	Nov 1924 11-24

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-22-32 (Signed) Elmer Hightower M. D.

(Address) Balto. City Hospitals

H. D. B. 1268-9

84762

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84762

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals 108 Registered No.

CITY OF BALTIMORE: (No. Balto Md St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. 7 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Joe Collins

(a) Residence: No. The anchorage St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 10/14/1903

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	29	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Detroit Mich

13. NAME Charles Collins

14. BIRTHPLACE (city or town) (State or country) Odells, Ill

15. MAIDEN NAME Ellen Meldon

16. BIRTHPLACE (city or town) (State or country) Odells, Ill

17. INFORMANT Record Balto City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U of M Med College Date Nov 23d 1932

19. UNDERTAKER Geo Pinsioner Health
(Address)

20. FILED 11-23-1932 Washington Nelligan
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1932 to 11-20, 1932

I last saw h alive on 11-20, 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-12-32
Other contributory causes of importance:	
None	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? C Date of injury ..., 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-22-32 (Signed) Edward Hofberger M. D.

(Address) Balto City Hospital

H. D. B. 1268-9

E 84763

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84762

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 42-001 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md. St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Hayes

(a) Residence: No. 616 Bosa Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	?

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
? 45	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Balto City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL

Place U. of Md. Med College Date Nov 23 19 32

UNDERTAKER Bureau of Municipal Health.
(Address)

FILED 23102 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-11- 1932 to 11- 19 1932

I last saw him alive on 11- 19 1932 Death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	11-14-32
Edema of Brain	11-15-32
Acute & chronic alcoholism	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

11- 22- 32 Chas. Hitchburger M. D.
(Signed)

(Address) Balto. City Hospitals

H. D. B. 1265-9

675

HEALTH DEPARTMENT—CITY OF BALTIMORE

84764

CERTIFICATE OF DEATH

× 53 E 84764

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marcus Wm Hurder

(a) Residence: No. Middlebush N J St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

DATE OF BIRTH (month, day, year) 10/9/88

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0/8

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mich

13. NAME John Wm Hurder

14. BIRTHPLACE (city or town) (State or country) Mich

15. MAIDEN NAME Dora Van Zoren

16. BIRTHPLACE (city or town) (State or country) Mich

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Middlebush NJ. Date Nov 23, 1932

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1911 Eutaw Place

NOV 23 1932 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932 to Nov 23, 1932

I last saw him alive on Nov 23, 1932. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor	August 32
Other contributory causes of importance: Cerebral Thrombosis	prev

Name of operation Resection Lt. Frontal Lobe Date of 11-6-32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Paul A. Kimberly M. D.

(Address) The Johns Hopkins Hospital

Spec.—1-10-21—M&T—1500 Bks.

E 84765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√159

E 84765

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 435 W. 24th St. 12-51 (Ward)

2-FULL NAME Donald Mangum

(a) RESIDENCE No. 435 W. 24th St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Embryo

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Embryo

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Embryo

(b) General nature of industry, business, or establishment in which employed (or employer): Embryo

(c) Name of employer: [redacted]

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Roland J Mangum

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Maryland

12 MAIDEN NAME OF MOTHER: Janell Paige

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Danum Scotia

14 Informant: Chola Mangum Grandmother (Address): 435 W. 24th St.

15 Filed 19 Registered 19

Huntington Williams M.D.

3 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11 23 1932

17 I HEREBY CERTIFY, That I attended deceased from 12 hr 11 23, 1932, to 1 am 11 23, 1932, that I last saw h[redacted] alive on 11 23, 1932 and that death occurred, on the date stated above, at 1 a m.

The CAUSE OF DEATH* was as follows:

Premature Birth
about 6 months

(duration) yrs. mos 3 wks ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R P Carman, M. D.

11 23, 1932 (Address) 1701 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of Md

DATE OF BURIAL: Nov 23 1932

20 UNDERTAKER: [illegible]

ADDRESS

[illegible] Health.

Dep. Reg. [illegible]

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84766

E 84766

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 435 W. 24 ST. (WARD) 12-54

2-FULL NAME Ronald Mangum

(a) RESIDENCE NO. 435 W 24th ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? Life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Embryo

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Embryo.

6 DATE OF BIRTH (month, day, and year) 11 22 34

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Embryo

(b) General nature of industry, business, or establishment in which employed (or employer) Embryo

(c) Name of employer [redacted]

9 BIRTHPLACE (city or town) Baltimore (State or country) Maryland

PARENTS

10 NAME OF FATHER Roland J Mangum

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Jamell Paige

13 BIRTHPLACE OF MOTHER (city or town) Dawson (State or country) Georgia

14 Informant Ola Mangum mother (Address) 435 W. 24 St

15 Filed NOV 3 1932 Huntington Williams M.D. REGISTRAR

7480

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23 1932

17 I HEREBY CERTIFY, That I attended deceased from 11 o'clock P.M. 11-22, 1932, to 11.45 P.M. 11-22, 1932, that I last saw h[redacted] alive on 11-22, 1932 and that death occurred, on the date stated above, at 11.45 P. m.

The CAUSE OF DEATH* was as follows:

1# Premature Birth

about 6 months

(duration) yrs. mos 3/4 hr ds

CONTRIBUTORY (Secondary) Cause unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) R. P. Carman, M. D.

11-23, 1932 (Address) 1701 N Carolina St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL University of Md

DATE OF BURIAL Nov 23 1932

20 UNDERTAKER C

(Commissioner Health.)

ADDRESS

[illegible] W. WOODILL

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84767

CERTIFICATE OF DEATH

E 84767

Registered No. 22

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5716 Bland ave St., 27-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Elmo E. Gawthrop

(a) Residence: No. 5716 Bland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) July 8. 1908

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
24	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date decreased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Geo. R. Gawthrop

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Lillian A. O'Brien

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Geo. R. Gawthrop (Father)
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place New Cathedral Date 11/24. 1932

19. UNDERTAKER Margaret J. Flynn
(Address) 1425 E. Fayette St.

20. FILED Huntington Pittsburgh, N.P.
3 1932 B. F. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 21 1932 to Nov 21, 1932

I last saw him alive on Nov 21, 1932 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. A. Lally, M. D.

(Address) 3517 Edmondson Ave

H. D. R. 1268-9

84768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48 E 84768

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes Ball

(a) Residence: No. 409 S Carolina St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) December 25 98

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME William Ramer

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Laura Jordon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lillian Co Va Date Nov 24 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman st.

20. FILED 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/5 1932 to 11/22 1932

I last saw her alive on 11/22 1932 Death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis c peritonitis	75 days ?
Other contributory causes of importance:	
Carcinoma of Uterus	?
Pneumonia	?

Name of operation Appendectomy c drainage Date of 11/19/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J H Gordon M. D.

(Address) Mercy Hospital

I. D. B. 1268-9

84769 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 84769

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5216 Florence Ave St. 27-55 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Mullin

(a) Residence: No. 5216 Florence Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernard J Mullin.

DATE OF BIRTH (month, day, year) March 5, 1899

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lutherville, Balto Co.

13. NAME W. S. Markley.

14. BIRTHPLACE (city or town) (State or country) Long Green, Md.

15. MAIDEN NAME Mumma

16. BIRTHPLACE (city or town) (State or country) Long Green, Md

INFORMANT B. J. Mullin

(Address) 5216 Florence Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 11/25, 1932

UNDERTAKER C Vernon Lemmon

(Address) 461 Park Heights

PLACE Huntington, W. Virginia, Nov

31932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1932 to Nov 22, 1932

I last saw her alive on Nov 22, 1932 Death is said to have occurred on the date stated above, at 11 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracutaneous of Lungs	1930
Larynx & Pharynx	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Henry Ly Dodd, M. D.

(Address) 735 N. Eutaw Ave

M. D. B. 1268-9

84770 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84770

CERTIFICATE OF DEATH V 108

Registered No. 27-49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4403 Clydedale Ave Ward 27)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie G Hall

(a) Residence: No. 4403 Clydedale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Hall.

6. DATE OF BIRTH (month, day, year) Aug 20, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0'9

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
	mo.

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER FATHER

13. NAME George M Hall

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Clara F Pitts

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Minnie Hall
(Address) 4403 Clydedale Ave

18. BURIAL, CREMATION, OR REMOVAL
Cambridge Pa Date Nov 24, 1937

19. UNDERTAKER Ashworth & Son
(Address) 3615 W Lanvale Ave Baltimore Md

19 Registrar.

1022

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14-37, 1937 to Nov 22nd, 1937

I last saw h[illegible] alive on Nov 22nd, 1937 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic diffuse Toxemia of Nephritis	?
Other contributory causes of importance: Lobar pneumonia	36 hr.

Name of operation None Date of

What test confirmed diagnosis? Clinical & Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) B. A. Fuller M. D.

(Address) 3611 Falls Rd

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84771

CERTIFICATE OF DEATH

97 E 84771

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1833 N. Caroline Street St., 8-17 Ward)

Length of residence in city or town where death occurred 40 Years yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clementine V. Heyne

(a) Residence: No. 1833 N. Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Heyne

DATE OF BIRTH (month, day, year) About 1846

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME John Sweetman

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles Heyne Sr.
(Address) 1833 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Nov. 25, 1932

19. UNDERTAKER George J. Kurtz Son
(Address) 1733 Division St.

20. FILED Nov 23 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932 to Nov 23, 1932
I last saw h alive on Nov 21 1932 death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-vascular	1922
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) 720 N. Gilmor

M. D. R. 1268-9

84772 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84772

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3122 Baker St. 16-67 Ward)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Estelle May Harris

(a) Residence: No. 3122 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edwin Harris

6. DATE OF BIRTH (month, day, year) May 30-1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Washington D.C.

FATHER

13. NAME Samuel Eastburn

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Mary Tarr

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT E. Harris
(Address) 3122 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 11/25/32

19. UNDERTAKER F. J. Wagner
(Address) 1300 Eutaw Place

Huntington Williams, M.D.
Registrar.

11/23/1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22/32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to 11/22/32 19.....

I last saw her alive on 11/22/32 19..... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Epithelioma Glands - Metastasis	

Other contributory causes of importance: None Known

Name of operation Excision & X-ray Date of 8/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. Harris M. D.

(Address)

H. D. H. 1268-9

E 84773

4773 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. St. 4-30 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas E Bussey

(a) Residence: No. Texas (Usual place of abode) Baltimore County, Ward. Maryland (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Augusta E. Duval

DATE OF BIRTH (month, day, year) Nov. 13, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0544

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME Clement Bussey

14. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

15. MAIDEN NAME Mary Ridgely Cockey

16. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

INFORMANT Dr. B. F. Bussey

(Address) Texas, Md.

BURIAL, CREMATION, OR REMOVAL

Place St. Joseph's Cem. Date 11/25/32 19

UNDERTAKER Henry W. Mears & Son

(Address) 20 E. Lafayette St.

DATE 24 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21st. 1932. to Nov. 22nd. 1932

I last saw him alive on Nov. 22nd. 1932 Death is said to have occurred on the date stated above, at 6:10 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Gangrene of rt foot Amputation of thigh

Date of onset: Prior to Adm.

Other contributory causes of importance:

Uremia coma

Date of onset: Nov 22 1932

Name of operation Amputation Date of Nov 22nd 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John Frederick Sinnamon M. D.

(Address) University Hospital

H. D. B. 1268-9

E 84774 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84774

CERTIFICATE OF DEATH

34 v

1. PLACE OF DEATH

Med.

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 13-59 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Caplan

(a) Residence: No. 2522 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6. If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Annie

DATE OF BIRTH (month, day, year) 2/14/97

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	— 9	7 —	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 8?

12. BIRTHPLACE (city or town) (State or country) Easton Md

13. NAME James Caplan

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Martha Jones

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Cem Date 11 24, 1932

19. UNDERTAKER Samuel T. Hensley

(Address) 526 N. Eutaw St.

FILED 11 24 1932 Huntington Hensley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-12-1932 to 11-21-1932

I last saw h. alive on 11-21-1932 Death is said to have occurred on the date stated above, at 3:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Coronary occlusion,	June 1932
Arteriosclerosis & Coronary Sclerosis	?
Syphilis of aorta	1906?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-9

E 84775

84775 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos ..... ds.

2. FULL NAME Margaret Oliver

(a) Residence: No. 643 N. Calhoun St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

6. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-24-32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2 27	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Oliver

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Naomi Bundy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dawson Cem Date 11/25 ..., 1932

19. UNDERTAKER Samuel J. Kemp Sons
(Address) 228 W Fayette St

20. FILED 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1932 to Nov 21, 1932

I last saw her alive on Nov 21, 1932 Death is said to have occurred on the date stated above, at 10⁴⁰ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hirschsprung's Disease	birth
Dehydration and Acidosis	11.18.32

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Allan Ross, M. D.

(Address) J. H. H.

H. B. B. 1268-9

84776

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84776

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 510 Gypson St. 11-25

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Harvey.

(a) Residence: No. 510 Gypson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	colored	Married

6. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of Sedonia

DATE OF BIRTH (month, day, year) 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Sedonia Harvey

(Address) 510 Gypson St

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 11/24 1932

UNDERTAKER Samuel T. Hemsley

(Address) 576 N. Bradford St

FILED ..... 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1932 to Nov. 20 1932

I last saw ~~him~~ her alive on Nov 20 1932 Death is said to have occurred on the date stated above, at 8.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1	
2 Chronic Nephritis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank E. Hagner M. D.

(Address) 672 Edmondson

M. D. B. 1268-9

84777 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84777

V48

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) # 1112 W. Lombard St. 16-24 Ward

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 7 mos. 28 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances E. Ellis

(a) Residence: No. # 1112 W. Lombard St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of the late August Ellis

7. DATE OF BIRTH (month, day, year) March 25th 1872

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Edward Felling

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Elizabeth Farley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Lillian E Kimball

(Address) # 1112 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 11/28/ 1932

19. UNDERTAKER John J Cowan & Son

(Address) 916 Eutaw St

FILED 11/28/32 Huntington Rutledge, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22/ 1932

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1932, to November 22, 1932.

I last saw her alive on November 21, 1932. Death is said to have occurred on the date stated above, at 10:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	about 2 years

Other contributory causes of importance:

Name of operation —— Date of ——

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H H Shell M. D.

(Address) 113 W. Franklin St

D. B. [illegible]
84778

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84778

51

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St. 3-40 Ward)
Length of residence in city or town where death occurred 59 yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Hanlon

(a) Residence: No. 3330 Ravenswood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Hanlon

7. DATE OF BIRTH (month, day, year) 8/11/1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 6

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Patrick Hanlon

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Ethel Welty

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem. Date 11 26 1932

19. UNDERTAKER John J Powers & Son
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10th, 1932, to Nov. 22, 1932
I last saw h[illegible] alive on Nov. 22, 1932 Death is said to have occurred on the date stated above, at 10:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	1931 (?)
Secondary Anemia	1931
" Hemorrhage (P.O.)	2 days
Other contributory causes of importance:	
A.C. initia	1931
Fulguration of Tumor	

Name of operation Prostatic Resection Date of 11/18/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. A. Colt, M. D.

(Address) Johns Hopkins Hospital

Spec.—9-30—A. & Co.—250 Bks

4779 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84779

CERTIFICATE OF DEATH.

REGISTERED NO. 8

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 708 S Edwards ave St 1-L WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Elizabeth Beaver

(a) RESIDENCE NO. 708 S Edwards ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 2, 1923

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	9	2	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scholar

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Leslie Beaver

11 BIRTHPLACE OF FATHER (city or town) (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Ada Bostwick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Leslie Beaver 708 S Edwards Ave

15 Filed Nov 28 1932 19 Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23/32

17 I HEREBY CERTIFY, That I attended deceased from Nov-18-1932, to Nov 23, 1932

that I last saw her alive on Nov 23, 1932

and that death occurred, on the date stated above, at 3.30 P m.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Scarlet Fever. (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? At Place of death.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) Jesse W Ogle M. D.

11/24 1932 (Address) 3047 Hudson St Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL 11/30 1932

20 UNDERTAKER E. J. Taylor & Sons — ADDRESS 1318 Light

D. B. 1268-9

4780 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E 84780

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary St. 1900 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 72 yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Lieberman

(a) Residence: No. 819 Lake Drive St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of ~~WIFE~~ of Mrs. Hinda Lieberman

DATE OF BIRTH (month, day, year) Dec 29 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Uzbekistan
(State or country) Russia

13. NAME Joseph Lieberman

14. BIRTHPLACE (city or town) Uzbekistan
(State or country) Russia

15. MAIDEN NAME Uzbekistan

16. BIRTHPLACE (city or town) .....
(State or country) Russia

INFORMANT Wife
(Address) 819 Lake Drive, Balt. Md

BURIAL, CREMATION, OR REMOVAL
Place Mount Lebanon Cem Date 11-24 1932

UNDERTAKER Jack Levin Inc
(Address) 1439 E Baltimore St

NOV 24 1932 Filed Signature of Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1932 to Nov. 23, 1932

I last saw him alive on Nov. 23, 1932 Death is said to have occurred on the date stated above, at 9:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	2/1/32
Emphysema thoracis	11/13/32
Other contributory causes of importance:	
Pulmonary edema	11/23/32
Myocardial insufficiency	11/23/32

Name of operation none Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) H. Webber Young M. D.

(Address) Church Home & Infirmary

M. D. H. 1268-9

84781 HEALTH DEPARTMENT—CITY OF BALTIMORE F/84781

CERTIFICATE OF DEATH

176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 15-32 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Feinberg

(a) Residence: No. 130 N Stricker St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced (write the word)~~
Female	W	married

6. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Morris Feinberg

DATE OF BIRTH (month, day, year) 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 10-31
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME of Father Abraham Levy

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date 11-27 1932

19. UNDERTAKER Jacob Levy Son
(Address) 1535 E. Baltimore St.

Filed ... 1932 ... Registrar.

NOV 24 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1932 to Nov 24 1932
I last saw h.. alive on 11-24 1932 Death is said to have occurred on the date stated above, at 5.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic insufficiency	11-21-32

Other contributory causes of importance:

Cholelithiasis	
Empyema of Gall Bladder,	

Name of operation Cholecystostomy Date of 11-21-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) J. K. Ehrman Glaser M. D.

(Address) Sinai Hospital.

H. D. B. 1268-9

Leavitt

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84782

4782

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Orleans St St. 6-10 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Sander Leavitt

(a) Residence: No. 2224 Orleans St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May-17-1931

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Herman

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Anna Tozman

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Father
(Address) 2224 Orleans

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 11-24 1932

19. UNDERTAKER Jack Levy Inc.
(Address) 1439 E. Balto. St.

FILED 11-24 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-20 1932 to 11-24 1932

I last saw h.. alive on 11-24 1932 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	
Heart Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Goldner M. D.

(Address) 2210 Eutaw Place

M. D. B. 1268-9

84783 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 84783

CERTIFICATE OF DEATH

107-061

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 27-56 Ward.)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Perry

(a) Residence: No. 5018 Lucerne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Aaron Perry

DATE OF BIRTH (month, day, year) 6/1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Ruben —

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Adam J. Perry
(Address) 2604 Oakley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Levering Cemetery Date 11-24 1932

19. UNDERTAKER Jack Lewis Inc
(Address) 1430 E. Baltimore St.

FILED 24 1932, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1932, to Nov 23, 1932

I last saw her alive on Nov 23, 1932. Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 weeks
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Archie Robert Cohen, M. D.

(Address) Sinai Hospital

ec.—2-29-28—L. F. S.—500 Bks.

E 34784

34784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓

1—PLACE OF DEATH
CITY OF BALTIMORE: (No. 427 N Central Av ST. 58 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Blake Goldsborough

(a) RESIDENCE NO. 427 N Central Av ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Wesley Goldsborough

DATE OF BIRTH (month, day, and year) Oct 17, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	1	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stenographer 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Queens Anne Co Maryland

10 NAME OF FATHER Wesley Blake

11 BIRTHPLACE OF FATHER (city or town) (State or country) unknown

12 MAIDEN NAME OF MOTHER Elizabeth Anthony

13 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

Informant J. W. Goldsborough
(Address) 427 N Central Av

Filed 1932 Huntington Whitaker, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 22/32

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Nov 22, 1932, that I last saw h[illegible] alive on Nov 22, 1932 and that death occurred, on the date stated above, at 2 00 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cardio-Vasc-Renal

(duration) [illegible] yrs. [illegible] mos. [illegible] ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

11/23, 1932 (Signed) Bernard Harris M. D.
(Address) 120 N Carlton St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
W. F. Auburn's Sons	Nov 26 1932
20 UNDERTAKER Theodore E. Pratt	ADDRESS 1128 N. Paca St.

D. B. 1268-8

84785

HEALTH DEPARTMENT—CITY OF BALTIMORE

84785

266252

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 28 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucien Marker

(a) Residence: No. 30 St. Paul St., ... Ward Westminster Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) 10/29/1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	—	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Jacob Marker

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Geo. Cole

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Westminster Md Date Nov 26, 1932

UNDERTAKER C. D. Isaacson

(Address) Taneytown, Md.

Filed NOV 28 1932 Hunting for Records, Nov 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-26-1932 to 11-27-1932

I last saw him alive on 11-27-1932 Death is said to have occurred on the date stated above, at 9:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	?
	Nov

Other contributory causes of importance:

Uremia from obstruction

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ralph G. Hills, M. D.

(Address) Johns Hopkins Hosp.

. D. H. 1256-9

84786 E 84786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Memorial Hospital St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry R. Stemer

(a) Residence: No. 2409 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of ...
(or) WIFE of ...

DATE OF BIRTH (month, day, year) Nov 4th 1904

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	0	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur Auto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov 23rd 1932

11. Total time (years) spent in this occupation 1 yr.

BIRTHPLACE (city or town) (State or country) Freeport Ill.

13. NAME Chas. C. Stemer

14. BIRTHPLACE (city or town) (State or country) Gettysburg Pa.

15. MAIDEN NAME Mary Pinkerton

16. BIRTHPLACE (city or town) (State or country) Dixon Ill.

INFORMANT Mary Stemer
(Address) 2409 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 25th 1932

UNDERTAKER Wm Cook
(Address) 1217 St Paul St
Nov 25 1932 Huntington Mitchell, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis (Suicide)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) John T. Mossman M. D.
Coroner

(Address) 3752 Roland Ave

84787

E 84787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St.) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 0 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Dusie Owen.

(a) Residence: No. 32 Portship Rd St., Ward. Dundalk, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND (or) WIFE of Robert Owen

DATE OF BIRTH (month, day, year) July 17th 1880

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Edward Roe

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Louisa Humphries

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Edward Owen

(Address) 4715 Pilgrim Rd - Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 25th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1932 to Nov. 22 1932

I last saw her alive on Nov. 22 1932 Death is said to have occurred on the date stated above, at 2 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis. Cholelithiasis.	Fluctuation.
Other contributory causes of importance:	
Pleurisy with effusion.	11-20-32
Pulmonary Edema	11-20-32

Name of operation Cholecystotomy Date of 11-15-32.

What test confirmed diagnosis? P.E., Cult. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Savage, M. D.

(Address) Univ Hosp.

M. D. B. 1268-0

4788

F 84788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 5731

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2004 Presstman St. (Ward) 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James C Kane

(a) Residence: No. 2004 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ May J. Kane

6. DATE OF BIRTH (month, day, year) Oct 14 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drake Business College

10. Date deceased last worked at this occupation (month and year) Oct 1930

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Pittsville Pa.

MOTHER'S FATHER

13. NAME James Kane

14. BIRTHPLACE (city or town) (State or country) Kane Pa

15. MAIDEN NAME Dorothy Wertley

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary J. Kane

(Address) 2004 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov 25 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

23 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21st 1932 to Nov 22nd 1932

I last saw him alive on Nov 22nd 1932 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	
Arteriosclerosis	

Other contributory causes of importance:

senility

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm P Bucky M. D.

(Address) 3148 Woodbine

M. D. B. 1268-9

E 84789

E 84789 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 97446

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Old York Rd. Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Drury

(a) Residence: No. 4302 Old York Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of Thomas Drury

6. DATE OF BIRTH (month, day, year) Apr 1st 1846

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
86	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Eliza Teal

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Geo Drury

(Address) 506 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 25 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1932 to Nov 23 1932

I last saw her alive on Nov 21 1932 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	11/16/32

Other contributory causes of importance:

Arteriosclerosis
Pneumonia

Name of operation None Date of —

Was there an autopsy? Cerebral Exam

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Morgan Hill M. D.

(Address) 401 E 25 Pratt

Spec.—6-9-19—H. P. Co.—1000 Blks.

84790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84790

CERTIFICATE OF DEATH.

23

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: No 1406 Darley Ave ST. 8-4 WARD

2-FULL NAME Elizabeth T. Schneider

(a) RESIDENCE. No. 1406 Darley Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a If married, widowed, or divorced (or) WIFE of William Schneider

6 DATE OF BIRTH (month, day, and year) Oct 9 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER John Schneider

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Louisa Schneider.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Interment (Address) William Schneider 1406 Darley Ave

15 Filed NOV 25 1932 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1932, to Nov 23, 1932, that I last saw h[illegible] alive on Nov 20, 1932, and that death occurred, on the date stated above, at 1.15 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Enteritis

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis

(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Alvin B Lemmon, M. D.

11/24, 1932 (Address) 718 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Nov 26 1932

20 UNDERTAKER: Frank C. Fink — ADDRESS: 915 E. Gay St.

. D. B. 1268-9

Carter

4791 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84791

CERTIFICATE OF DEATH

95-002 Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 1003 N. Carey St. 15-11 Ward)

ength of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Dorton

(a) Residence: No. 1003 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Dorton.

DATE OF BIRTH (month, day, year) 7/20/73

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Harry Crowder

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Caroline Horton

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Beth Crowder
(Address) 1003 Carey St

BURIAL, CREMATION, OR REMOVAL
Place Federal Cemetery Date Nov 25 1932

UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St
FILED Huntington Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27/32

22. I HEREBY CERTIFY, That I attended deceased from 10/20/32 to 11/27/32
I last saw h[illegible] alive on 11/24/32 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	10/20/32
Renal Myocarditis	

Other contributory causes of importance:
Hard work

Name of operation Date of
What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee [illegible] M. D.
(Address) 424 Mon. Ave

Spec.—1-12-23—M&T—500 Blks.

Jennie Johnson ✓ E 84792

84792

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

1 copy of death

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No.) 419 N. Dallas St. (6-9 WARD)

2-FULL NAME Jinnie Johnson

(a) RESIDENCE NO. 419 N. Dallas ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX F

4 COLOR OR RACE C

5 Single, Married, Widowed or Divorced, (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 14-75

AGE 17 Years Months 11 Days 17

If LESS than 1 day, hrs. or min.

17-1915 Nov 11

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) 07°

(c) Name of employer

BIRTHPLACE (city or town) (State or country) South Carolina

10 NAME OF FATHER Sam. Johnson

11 BIRTHPLACE OF FATHER (City or town) (State or country) S. Carolina

12 MAIDEN NAME OF MOTHER Dora Fuller

13 BIRTHPLACE OF MOTHER (City or town) (State or country) S. Carolina

Informant Dora Johnson

(Address) 419 N. Dallas St.

Filed Nov 25 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov. 17. 1932. to Nov. 21. 1932.

that I last saw h[illegible] alive on Nov. 21 1932

and that death occurred, on the date stated above, at 4-40 p. m.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) 2 yrs. ... mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) ... yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) J. Giordano, M. D.

, 19 (Address) 1026 N. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL Nov 27 1932

20 UNDERTAKER Robt Miller

ADDRESS 1515 N. Eden St.

H. D. B. 1268-9

84793 E 84793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 10 (Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Evans

(a) Residence: No. 724 N. Spring St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) 0?0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Carrie Washington

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place White Stone Va Date Nov 27 . 1932

19. UNDERTAKER Robert J. Williams & Sons

(Address) 1515 Pennsylvania Ave

FILED NOV 29 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-12-1932 to 11-22-1932

I last saw h[illegible] alive on 11-22-1932. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis. Arteriosclerosis Hypertension. Sclosis of Aorta. Dissecting aneurysm. Rupture of aneurysm into pericardium

Date of onset: 1929?? ? 11-22 ?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carmichael Feldman, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1263-9

84794

HEALTH DEPARTMENT—CITY OF BALTIMORE

84794

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 N. Central Ave St., 10-11 Ward)

Length of residence in city or town where death occurred 62 yrs. 6 mos. 18 dys. How long in U. S. if of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Margaret Heilman

(a) Residence: No. 1113 N Central Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank M. Heilman

6. DATE OF BIRTH (month, day, year): May 5th 1870

7. AGE: Years 62 | Months 6 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Jacob Metzger

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Margaret Mueller

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Frank M. Heilman

(Address) 1113 N. Central Ave

18. BURIAL, CREMATION, OR REMOVAL: Holy Redeemer Cem. Date Nov 26 1932

19. UNDERTAKER: Penny Rock Funeral Home

Address 1201 E. Eager St

DEC 5 1932

49 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1932 to Nov 23 1932

I last saw her alive on Nov 22 1932. Death is said to have occurred on the date stated above, at 5:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1 yr

Other contributory causes of importance:

Chronic Nephritis	1 yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify —

(Signed) W. S. Gray M. D.

(Address) 1113 N. Central Ave

H. D. B. 1268-9

84795 59

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84795

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. E 18-1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Anderson

(a) Residence: No. 946 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 8-30-14

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Garfield Anderson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Parnell

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Nov 27, 1932

UNDERTAKER Mrs Katie R. Williams
(Address) 322 E Lexington St

Nov 25 1932 Huntington Pallbearers, N.J.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1932 to Nov 19, 1932

I last saw him alive on Nov 19, 1932 Death is said to have occurred on the date stated above, at 11 32 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor, Glioma Left Cerebrum	Sept. 32

Other contributory causes of importance:

Name of operation Lt. Craniotomy Date of Nov. 4

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Paul A. Kimbel, M. D.

(Address) The Johns Hopkins Hospital

D. B. 1265-9

84796

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84796

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Baltimore City Hospt

CITY OF BALTIMORE: (No. Bath Rd St. 18-96 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Terry Simpson

(a) Residence: No. 1131 W Mulberry St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hacker 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Eugene Simpson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Gibson

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records Baltimore City Hospt
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Nov 26, 1932

UNDERTAKER Mr Katie R. Williams
(Address) 322 N Schroeder St

FILED Nov 28 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11—21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-11, 1930 to 11-21, 1932

I last saw h[illegible] alive on 11-21, 1932 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	

Other contributory causes of importance:

Pulmonic Infection	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) Bath City Hospital

H. D. H. 1268-9

797

HEALTH DEPARTMENT—CITY OF BALTIMORE B 84797

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 567 Orchard St. 17-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Slater

(a) Residence: No. 567 Orchard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mame Slater

7. DATE OF BIRTH (month, day, year) -1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52		-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter, Tie

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Factory

10. Date deceased last worked at this occupation (month and year) ( )

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mrs. Mame Slater

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mame Kemp

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Mame Slater
(Address) 567 Orchard.

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Nov. 26, 1932

UNDERTAKER Mrs Katie R Williams
(Address) 332 N Belnord Ave.

FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1932 to Nov. 21, 1932

I last saw him alive on Nov. 21, 1932 Death is said to have occurred on the date stated above, at 8.50 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Rectum — Date of onset .....

Other contributory causes of importance: .....

Name of operation - Date of -

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank E. Hamm M. D.

(Address) 678 Edmondson

M. D. B. 1941-9

84798

E 84798

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4979 Edgewood Ave) Ward 27-56

Length of residence in city or town where death occurred 5 yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna May Smith

(a) Residence: No. 4979 Edgewood Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1920

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John E Smith

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Anna M Dinsmore

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Anna M. Smith

(Address) 4979 Edgewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov 26, 1932

19. UNDERTAKER Thompson-Dixon

(Address) 3615 Chestnut Ave

20. FILED ... 19... Registrar

NOV 23 1932 Huntington Avenue, N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1932 to Nov 24, 1932

I last saw her alive on Nov 24, 1932 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	4 days
Chronic Valvular Heart Disease	5 yrs.

Other contributory causes of importance:

Scarlet Fever, 8 yrs ago	8 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward H. Dixon M. D.

(Address) 2020 N. Charles

. D. B. 1268-9

4799 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84799

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 1716 Darley Ave. St. 8-45 Ward)

ength of residence in city or town where death occurred 74 yrs. 3 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Chance

(a) Residence: No. 1716 Darley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Theodore F. Chance

DATE OF BIRTH (month, day, year) July 24, 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 637

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Anthony Arthur

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Susan Shriver

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Josephine Arthur
(Address) 1716 Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 26, 1932

19. UNDERTAKER John F. Deegan
(Address) 715 Light St.

Nov 25 1932 Clinton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 17 1932 to November 23 1932

I last saw her alive on November 23 1932. Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	7/31
Myocardial Insufficiency	7/31
Other contributory causes of importance) Cardiac Dilatation	11/17/32

Name of operation — Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert Greenberg M. D.

(Address) 2025 E. North Ave.

H. D. B. 1268-9

84800 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84800

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., ~~Hospital~~ Ward) Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Eades

(a) Residence: No. 4218 Curtis Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Emma Eades

DATE OF BIRTH (month, day, year) June 22 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME Robt Eades

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

15. MAIDEN NAME Mary Chaney

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

17. INFORMANT Deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date Nov. 26 1932

19. UNDERTAKER Margaret E. Flynn
(Address) 1422-26 Light St
Huntington Williams, Reg.
Registrar.

FILED NOV 25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1932 to Nov 24 1932

I last saw h alive on Nov 24 1932 Death is said to have occurred on the date stated above, at 10:45 AM

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Other contributory causes of importance: Chronic Interstitial Nephritis	?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas Wightsell M. D.
(Address) Balto City Hospitals

D. B. 1268-9

JOFFE V

HEALTH DEPARTMENT—CITY OF BALTIMORE

84801

CERTIFICATE OF DEATH

72-9-21 E 84801

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 12-19 Ward)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Esther Joffe

(a) Residence: No. 1803 Maryland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Jewish	married

If married, widowed, or divorced (or) WIFE of Louis Joffe

DATE OF BIRTH (month, day, year) 4/15/93

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Abraham Krasnee

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Dora Kramer

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Husband
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Sinai Rosedale Cem Date 11-25-, 1932

UNDERTAKER Jack Levin Inc
(Address) 1429 E Balto St.

Huntington Williams

11-25 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932 to 11-25, 1932

I last saw her alive on 11-25, 1932 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphoid leukaemia	June 6, 1932?

Other contributory causes of importance:

Lobular pneumonia	Nov. 19, 1932
Streptococcus septicaemia	Nov. 20, 1932

Name of operation none Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H Hebber Young, M. D.

(Address) Church Home & Infirmary

Rec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84802

84802

CERTIFICATE OF DEATH

13-002

REGISTERED NO. 15-23

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1311 N. Carey ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Arthur Spencer

(a) RESIDENCE NO. 1311 N. Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 2 mos. 20 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Aug 2-1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	2	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Oto

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Joseph H. Spencer

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Marie L. Freeland

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md

Informant Maria Spencer

(Address) 1311 N. Carey

FILED NOV 25 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 22-32

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1932, to Nov. 22, 1932

that I last saw him alive on Nov. 22, 1932

and that death occurred, on the date stated above, at 4. P m.

The CAUSE OF DEATH* was as follows:

Dysentery

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Diarrhoe

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical Test

(Signed) P. H. Walters, M. D.

11-24, 1932 (Address) 1026 N. Eden St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn (Cemetery)

DATE OF BURIAL Nov. 25 1932

20 UNDERTAKER Wm. H. Chase & Son

ADDRESS 638 N. Gilmor

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

1303

CERTIFICATE OF DEATH.

93-803
E 84803
REGISTERED NO.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 Yorkcourt ST. 12-49 WARD.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Anna Wells Cooper

(a) RESIDENCE NO. 35 Yorkcourt ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W.

5 Single, ~~Married~~, Widowed, or ~~Divorced~~. (Write the word): Widow

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: John Wesley Cooper

7 DATE OF BIRTH (month, day, and year): Aug 25 1856

8 AGE: Years 76; Months 2; Days 29; If LESS than 1 day, hrs. or mln.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): Home
(c) Name of employer:

BIRTHPLACE (city or town) (State or country): Elkton Md.

10 NAME OF FATHER: Joseph Wells

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Cornelia Cook

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

Informant: Victoria E. Williams
(Address): Elkton Md.

NOV 25 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 24-1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932, to November 24, 1932, that I last saw h[illegible] alive on November 23, 1932, and that death occurred, on the date stated above, at 12-M. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis with Hypertension

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary): Acute Otitis of the Ear

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert L. Mitchell M. D.

11/27. 1932 (Address) 7112 Longwood

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Elkton Cecil Co. Md.

DATE OF BURIAL: Nov 26 1932

UNDERTAKER: Ortman & Dye

ADDRESS: 2224 Eutaw Pl.

Spec.—9-30—A. & Co.—250 Bks

84804 HEALTH DEPARTMENT—CITY OF BALTIMORE 84804

CERTIFICATE OF DEATH.

93-003
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1214 Madison Ave ST 11-24 WARD)

2-FULL NAME George Addison Essex

(a) RESIDENCE NO. 1214 Madison Ave ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	col	married

6a If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Bertha Cora Essex

6 DATE OF BIRTH (month, day, and year) April 6, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	49	7	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work chef
(b) General nature of industry, business, or establishment in which employed (or employer) hotel
(c) Name of employer Richard McAllister Hotel Hanover Pa.

9 BIRTHPLACE (city or town) (State or country) Warm Springs Va

10 NAME OF FATHER Addison Essex

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Va

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) ?
(State or country)

14 Informant Bertha Essex
(Address) 1214 Madison Ave

Filed MAY 25 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-21-32

17
I HEREBY CERTIFY, That I attended deceased from 7/14, 1932, to 11/21, 1932
that I last saw h (D/ alive on 11/21, 1932
and that death occurred, on the date stated above, at 6.10 P. m.
The CAUSE OF DEATH* was as follows:

Cerebral Thrombosis

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Rayner Browne M. D.

. 19 (Address) 1500 E. Madison St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn	11/25/1932
20 UNDERTAKER	ADDRESS
Mrs. George H. Holland	1631 Druid Hill Ave

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84805

E 84805

CERTIFICATE OF DEATH

181

REGISTERED NO. 21-28

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Franklin Square Hospital Ward

2-FULL NAME John Wheeler

(a) RESIDENCE NO. 1435 Washington Blvd. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 1, 1921

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	11	6	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER John Wheeler

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Noto

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country)

14 Informant Mrs. John Wheeler
(Address) 1435 Washington Blvd
Huntington Williams Nurse

15 Filed Nov 2, 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquery (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquery (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Second & Third Degree Burns of Body — Accidental caused by lighting can of alcohol in rear of home (duration) yrs. 1 mos. 11 ds.

CONTRIBUTORY (Secondary) Terminal broncho-pneumonia (duration) yrs. mos. 2 ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs & Symptoms

(Signed) Guy H. Cromwell M. D.

11/29 1932 (Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Nov 30, 32

20 UNDERTAKER John A. Moran

ADDRESS 2000 E- Baltimore

D. R. 1244-9

E 84806

4806 79

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8-17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Mitchell

(a) Residence: No. 1616 Lafayette Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Black	

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/13 2

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		13/12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country) Md

13. NAME Baby Mitchell

14. BIRTHPLACE (city or town) .....
(State or country) —

15. MAIDEN NAME Anna — ?

16. BIRTHPLACE (city or town) .....
(State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Nov 28 19 32

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 19 32

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 19 32 to Nov 13 19 32

I last saw h.. alive on Nov 13 19 32 Death is said to have occurred on the date stated above, at 7 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrheal Enteritis	Nov 10

Other contributory causes of importance:

Prematurity	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Allen Ross, M. D.

(Address) J. H. H

AaCo. 5-31 250B

84807. HEALTH DEPARTMENT—CITY OF BALTIMORE 84807.

CERTIFICATE OF DEATH

Registered No. V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp 25-76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U.S. If of foreign birth?....yrs.....mos.....ds.

2. FULL NAME Baby Boy Howard

(a) Residence: No. 204 Washington Ave St., Ward. Brooklyn, Md
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 22nd 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	2½

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William T. Howard

14. BIRTHPLACE (city or town) (State or country) S C

15. MAIDEN NAME Rebecca P. Yoldey

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interment Pmt Date Nov 25 19 32

19. UNDERTAKER Director of Health
(Address)

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from 11-23, 1932 to 11-24, 1932

I last saw him alive on 11/24 1932 death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pre-Maturity (six months)	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Luben M.

(Address) South Baltimore Gen Hosp

E 84808

H. D. B. 1268-9

84808 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 863 S Dallas St. 3 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Smiecki

(a) Residence: No. 863 S Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Nov 26 19 32

UNDERTAKER [redacted]
(Address)

FILED DEC 5 1932 Registrar Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 19 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J J Kenny M.D. Coroner

(Address) 1252 Fallsway

AACo. 5-31 250B

84809 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84809

CERTIFICATE OF DEATH

32V001

1. PLACE OF DEATH West Balto. Gen'l. Hospital 28-66 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas H. Weil

(a) Residence: No. 721 Cookstown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 18-1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Louis Weil

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christine Vogel.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Weil
(Address) 817 Woodington Rd

18. BURIAL, CREMATION, OR REMOVAL Place Loud PK Date 11/20/32 19

19. UNDERTAKER Geo Lemmert
(Address) 518 N. Eutaw St

20. FILED Huntington Ave Register

251932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23-1932 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1932 to 23, 1932

I last saw him alive on Nov 23 1932 death is said to have occurred on the date stated above, at 10.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-20-32

Other contributory causes of importance:

Arteriosclerosis	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip F. Lerner M.

(Address) West Baltimore General H

D. B. 1268-9

84810 HEALTH DEPARTMENT—CITY OF BALTIMORE F 84810

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 14-28 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Ferdinand Ayd

(a) Residence: No. 120 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna M. Ayd

DATE OF BIRTH (month, day, year) Oct. 14 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Press Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal signs 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Paris, Ind.

13. NAME Ferdinand Ayd

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary M. Heim

16. BIRTHPLACE (city or town) (State or country) Paris, Ind.

INFORMANT Mrs. M. Ayd

(Address) 120 W. Pratt St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 26, 1932

UNDERTAKER Elmer H. Corkran

(Address) 924 E. Eager St.

FILED 1932 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

D. B. 1268-9

4811 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84811

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

Registered No. 19532

CITY OF BALTIMORE: (No. 2404 Puget St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amos Bowie

(a) Residence: No. 2404 Puget St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	widowed

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Emma R Bowie

7. DATE OF BIRTH (month, day, year) 11-10 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME of father John Bowie

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME of mother Eliza Jackson

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Beatrice Bowie

(Address) 2404 Puget St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11-26 1932

UNDERTAKER Charles G. Cooper

(Address) 514 N. Calhoun St.

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22/1932

22. I HEREBY CERTIFY, That I attended deceased from 8/20/1932 to 11/22/1932

I last saw h alive on 11/20/1932 Death is said to have occurred on the date stated above, at 2.45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	8/1/32

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 912 Linden Ave

M. D. B. 1250

84812

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 84812

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Kirkwood & Calvert St. 15-65-46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 27 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Cadythe R. Rives

(a) Residence: No. 3112 Walcott Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William R Rives

DATE OF BIRTH (month, day, year) April 27 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buyer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lycetts Stationers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Dr Alvin Richardson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Elizabeth Davis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs James W. Starks

(Address) 3112 Walcott Ave

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Nov 26 1932

19. UNDERTAKER Chas. S. Black

(Address) 3112 W. Walcott Ave

19. DATE RECEIVED Nov 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-20 1932 to 11-24 1932

I last saw her alive on 11-24 1932 Death is said to have occurred on the date stated above, at 2.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	11/24/32
Thrombosis left femoral vein	11/23/32
Oper for Carcinoma of ascending colon	11/22/32

Other contributory causes of importance:

Carcinoma of ascending Colon

Name of operation Ileo-colostomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Alfred Van Ames M. D.

(Address) St. Agnes Hosp

4813 25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84813

82-001

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 124 W. 24th Street St. 12-51 Ward)

2-FULL NAME Caroline C. Belt

(a) RESIDENCE NO. 124 W. 24th Street St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

DATE OF BIRTH (month, day, and year) July 11, 1862

6 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70.	4	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work teacher

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore County

10 NAME OF FATHER Thomas Belt

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore County

12 MAIDEN NAME OF MOTHER Catherine Tipton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore County

Informant Miss Lillian Middleton

(Address) 3640 Elm Avenue

Filed NOV 19 Huntington-Williams, N.S. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/24 1932

17 I HEREBY CERTIFY That I took charge of the remains described above, held an Inquest, autopsy or inquiry thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) ____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) John Morrissey M. D. (Coroner)

11/25. 1932 (Address) 362 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Chestnut Ridge, Balto. Co. Date of Burial Nov. 28, 1932

20 UNDERTAKER W. S. Marshall ADDRESS 3539 Oakland Rd

M. D. H. 1268-0

84814

HEALTH DEPARTMENT—CITY OF BALTIMORE

84814

CERTIFICATE OF DEATH

11.9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3813 Keswick Road St.; 13-52 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara L. De Pasquale.

(a) Residence: No. 3813 Keswick Road St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 14, 1932.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md
(State or country)

FATHER

13. NAME Michael A. De Pasquale

14. BIRTHPLACE (city or town) md
(State or country)

MOTHER

15. MAIDEN NAME Carrie E. Parke.

16. BIRTHPLACE (city or town) md
(State or country)

17. INFORMANT Michael A. De Pasquale
(Address) 3813 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL
Greenmount Cemetery Park Date Nov 26, 1932

19. UNDERTAKER Thanhouser Bros.
(Address) 3615-17 Eastern Ave.

20. FILED 1932 Hampton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932 to Nov 26, 1932

I last saw her alive on Nov 25, 1932 Death is said to have occurred on the date stated above, at 4-45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4 hrs?

Other contributory causes of importance:

Colitis, Enteritis	10 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. R. Musser M. D.

(Address) 4037 Falls Rd.

...—2-29-28—L. F. S.—500 Bks.

84815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52-98 E 84815

REGISTERED NO.

1—PLACE OF DEATH

ITY OF BALTIMORE: (No. 1704 Mt Elderg ST., 5-8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martha Blackwell

(a) RESIDENCE NO. 1704 Mt Elderg ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Blackwell

DATE OF BIRTH (month, day, and year) 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	1		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Horace Grover

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Effie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Emma Blackwell

(Address) 1704 Mt Elderg

Filed ..., Huntington Williams, M.D. Registrar

5-7027 Sabe

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 23-32

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1932, to Nov 23, 1932

that I last saw her alive on Nov 22, 1932

and that death occurred, on the date stated above, at 5 30 a m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac asthma

(duration) 0 yrs. 2 mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) J. Edward Fisher, M. D.

11-23-32 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL Nov 24 1932

20 UNDERTAKER Robert H Wilkins

ADDRESS 1151 Mt Elderg

Sec.—1-30—M. & T.—250 Blks

84816 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84816

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1238. E. Eager St. 10-14 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Maria Costantino

(a) RESIDENCE NO. 1238. E. Eager ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of or) WIFE of Joseph Costantino

DATE OF BIRTH (month, day, and year) March 2. 1867

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65	9 8	22. 21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Salvatore Diangelo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Antonietta Culotta

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant (Address) Joseph Costantino 1238. E. Eager St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23/32, 0

17 I HEREBY CERTIFY, That I attended deceased from 11/14/32 19 ..... to 11/23 ..... 1932, that I last saw h[illegible] alive on 11/23 ..... 1932, and that death occurred, on the date stated above, at 8 15 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation (duration) ..... yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) Nicola Silitano M. D.

19 (Address) 1304 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 11-26 1932

ADDRESS

20 UNDERTAKER Chas B. Kuchaucka 6375. Paca St

51932 Huntington Williams N.T.

1-30—M. & T.—100 B—50L

E 84817

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84817

CERTIFICATE OF DEATH

V 181

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) City Hospital ST. 26-2 WARD)

2-FULL NAME Ida A Conway

(a) RESIDENCE NO. 611 S Clinton ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 3 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug 15 1928

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	3	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Carroll Conway

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Nellie Emrick

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

PARENTS

14 Informant M C Conway

(Address) 611 S Clinton St

15 Filed 6 1932

Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Accidental Burn on Legs + Back

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 611 S Clinton

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Hist + Clinical

(Signed) B F Nevares M.D. M. D.
Coroner

, 19 (Address) 1305 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oak Lawn Cem

DATE OF BURIAL: 11/28/1932.

20 UNDERTAKER: John J Cowan & Son

ADDRESS: 901 Hollins St

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84818

CERTIFICATE OF DEATH

159 E 84818

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hospital St. 23 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Allens

(a) Residence: No. Provident Hospital St. 832 Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Infant

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	0	7	12 hours	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mrs Henry Smith

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Minnie Allens

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place W Md College Date Nov 20 1932

UNDERTAKER Commissioner Health

(Address) Washington Avenue, Md.

Nov 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1932, to 11-22, 1932

I last saw her alive on 11-22 1932 Death is said to have occurred on the date stated above, at 4:20 m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature	

Other **contributory causes** of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in **industry**, in **home**, or in **public place** .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W B Bullen M. D.

(Address) Provident Hospital

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84819 E 84819

CERTIFICATE OF DEATH

110

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: W. Balto Gen Hosp (St.) 20-70 (Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Karl Gerstenhauer

(a) Residence: No. 3405 Caton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

DATE OF BIRTH (month, day, year) Jan 24-1913

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Louis A. Rothberg Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Hugo Gerstenhauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Schaudt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hugo Gerstenhauer
(Address) Caton

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 28th 1932

UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

Filed Dec 8 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	
Sudden	
Other contributory causes of importance: Adhesions L. Ventricle Left Lung	

Name of operation Date of
What test confirmed diagnosis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Tuck Coroner, M. D.
(Address) Coroner

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84820

CERTIFICATE OF DEATH × 54 E 84820

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 11-2 Ward

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Mowers

(a) Residence: No. 1201 Eutaw Place St., ... Ward. Alabama
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Dr. Saunders Mowers

DATE OF BIRTH (month, day, year) Mar 15th 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

13. NAME Stephen F

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Portsmouth England

17. INFORMANT Hallowman & Brown

(Address) Norfolk Va

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 26th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, N.Y.

5 1932 Oct 18 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1d, 1932 to November 24, 1932

I last saw her alive on November 24, 1932 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Diabetes Mellitus	
Pyelonephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

Spec.—9 30—A. & Co.—250 Bks

84821 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84821

CERTIFICATE OF DEATH

v 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 618 Radnor Ave ST. Govans WARD 27-48

2-FULL NAME G. Harry Mason

(a) RESIDENCE No. 618 Radnor Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mae Mason

6 DATE OF BIRTH (month, day, and year) July 14, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Inspector Water Dept

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER George H Mason

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Cornelia Roberts

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant G. Mae Mason

(Address) 618 Radnor Ave

15 Filed 11 25 1932 19 Huntington Williams N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25-1932

17

I HEREBY CERTIFY, That I attended deceased from Sept 13, 1932, to Nov 24, 1932

that I last saw h[illegible] alive on Nov 24, 1932

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia acute

(duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (Secondary) Myocarditis Chronic

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) Edgar V. Sandrock M. D.

19 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge

DATE OF BURIAL 11 28 1932

20 UNDERTAKER H H Cook

ADDRESS 1217 Eutaw St

M. D. B. 1268-9

84822

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84822

CERTIFICATE OF DEATH

V82-001

Registered No. 20-72

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 Edgewood St. St. Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Staub

(a) Residence: No. 508 Edgewood St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (nee)
(or) WIFE of Late Louise F. Staub (Koun)

6. DATE OF BIRTH (month, day, year) Jan. 10, 1857.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick (State or country) Md.

FATHER

13. NAME Andrew Staub

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Victor L. Staub (Address) 5743 Roslyn Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulcher Date Nov 26, 1932

19. UNDERTAKER Harry T. Cake (Address) 4101 Reisterstown Rd.

20. FILED NOV 28 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Nov 23, 1932

I last saw h-im alive on Nov 22, 1932 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	?
Other contributory causes of importance: Cerebral Infarct	Nov 22

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Jerry R. Wisong, M. D.

(Address) 4000 Edmondson Av.

. D. B. 1268-9

84823

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84823

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 26-39 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Sebastian Mc Donough

(a) Residence: No. 3608 Roberts Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara M. Rumpf

DATE OF BIRTH (month, day, year) Dec. 11, 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sorel's Filling Station

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME Martin M. McDonough

14. BIRTHPLACE (city or town) (State or country) Balto., Md

15. MAIDEN NAME Annabelle Kratz

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Clara M. McDonough

(Address) 3608 Roberts Place

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 25, 1932

19. UNDERTAKER John G. Connelly

(Address) [illegible]

19[illegible]32 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19.. to .., 19..

I last saw h alive on Injury, 19.. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

Comp. fracture of skull (comminuted) — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 11/23, 1932

Where did Injury occur? Eastern Ave & Rolling Mill Rd (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place street accident

Manner of Injury Auto, he was riding in

Nature of Injury struck a truck

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 200 E Madison St

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84824

CERTIFICATE OF DEATH

L 84824

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 69 Ward) 15-002

Length of residence in city or town where death occurred — yrs. — mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Marie Campbell

(a) Residence: No. Middleborough, Balto St., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Campbell

DATE OF BIRTH (month, day, year) 3-19-1904

AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-9

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME John Kuester

14. BIRTHPLACE (city or town) Baltimore
(State or country)

15. MAIDEN NAME Mathilda Schmidt

16. BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT Mrs Joseph Campbell
(Address) Middleborough Balto Co Md

BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date 11-28 1932

UNDERTAKER Albert L Tutt Jr
(Address) 1604 N Charles St

6 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 25 1932

22. I HEREBY CERTIFY, That I attended deceased from NOV 9 1932 to NOV 25 1932

I last saw her alive on NOV 25 1932 Death is said to have occurred on the date stated above, at 5:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis (colon bacillus)	NOV 22 1932
Embolism Aorta.	NOV 22

Other contributory causes of importance:

Name of operation Laparotomy Date of NOV 23

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Weber Young M. D.

(Address) Church Home & Infirmary

M. D. H. 1268-9

84825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157 E 84825

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 Tunbridge Rd St. 27-46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 28 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Thos. O'Connell. 3rd.

(a) Residence: No. 322 Tunbridge Rd St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 27 1925

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
6	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John. Thos. O'Connell Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Florence. Stegman.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John. Thos O'Connell Jr.

(Address) 322 Tunbridge Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11-26 1932

19. UNDERTAKER Mr. Chas A. J. Rohde

(Address) 23 ~~Huntington Ave~~ Huntington Williams, Md

NOV 26 1932, 19..... R. C. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1926. to Nov-25 1932

I last saw him alive on Nov 25. 1932. Death is said to have occurred on the date stated above, at 1.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Malformation	

Other contributory causes of importance:

Myocardial Insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84826 84826

CERTIFICATE OF DEATH

131

Registered No. 16-68

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Raynor Ave. St., 16 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Phillips,

(a) Residence: No. 2812 Raynor Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Phillips,

DATE OF BIRTH (month, day, year) June 12, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Albert Phillips,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Josephine Lehman,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Gordon L. Phillips,
(Address) 3138 Belmont Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov. 28. 1932

UNDERTAKER Robert S. Little, Robert S Little
(Address) 2700 Edmondson ave.

6 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1931, to Nov 25, 1932

I last saw h[illegible] alive on Nov 25 1932 Death is said to have occurred on the date stated above, at 9:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Arterio-sclerosis	?
Myocarditis	?
Other contributory causes of importance:	
Hypertension	
Uremia	2 wks

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) George L. Wiseley, M. D.

(Address) 4000 Edmondson Ave

AaCo. 5-31 250B

Wongus

HEALTH DEPARTMENT—CITY OF BALTIMORE

84827

CERTIFICATE OF DEATH

108 E 84827

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE; (No. 813 W Barre St; 18-16 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U S. If of foreign birth?... yrs. ... mos. ... ds.

2. FULL NAME Roland Wongus

(a) Residence: No. 813 W Barre St., ... Ward. .....
(If non-resident give city or town and State)
(usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 25, 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

13. NAME John A. Morlet

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Augusta Wongus

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Augusta Burrell
(Address) 813 W. Savage St

18. DISPOSITION. CREMATION, REMOVAL, OR BURIAL
Date Dorchester Co. Md. W Va. 1932
Place

19. UNDERTAKER Jere F. Roddey
(Address) 436 W. Eddie St

Received ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 19, 1932, to Mar 23, 1932
I last saw him alive on Mar 23, 1932, death is said to have occurred on the date stated above, at 7.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Mar 16 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? Mrs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, where? .....

(Signed) Wm H Lemmon, M. D.
(Address) 813 W Barre

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84828 L 84828

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1107 Division St., 17-24 Ward)

Length of residence in city or town where death occurred 36 yrs. 9 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura E Charles

(a) Residence: No. 1107 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L. Charles

DATE OF BIRTH (month, day, year) Jan 26

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 240

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond Va

13. NAME Mulatto

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mary L. Charles

(Address) 1107 Division

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 11/26 1932

UNDERTAKER Samuel A Hemsley

(Address) 528 N Pine St

Huntington W Va

FILED 61022 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leith Craven Coroner, M. D.

(Address) .....

C. H. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84829 — CERTIFICATE OF DEATH — E 84829

Registered No. 174

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp (St.) 15-21 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Archie Carter

(a) Residence: No. 622 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color Race Col'd | 5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va
(State or country)

13. NAME Jas Carter

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME Julia Logan

16. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT Mary Carter
(Address) 408 N. Bond

BURIAL, CREMATION, OR REMOVAL
Place National Cem Date 11/28 1932

UNDERTAKER Samuel T. Hemsley
(Address) 28 W. Biddle St

FILED 6 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1932

22. I HEREBY CERTIFY, That I attended deceased (from) Nov 19 to Nov 19, 1932

I last saw him alive on Nov 19, 1932 Death is said to have occurred on the date stated above at 6:40 a.m.

The principal cause of death and related causes of importance were as follows: Stab Wound of Heart Hemorrhage Sudden Shock & Failure of Heart

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Nov 19, 1932

Where did injury occur? Lorraine & Vincent Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lamb, M. D.
Coroner

(Address)

D. B. 1269-9

84830

HEALTH DEPARTMENT—CITY OF BALTIMORE 84830

CERTIFICATE OF DEATH

82-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. ..... Ward. .....

Length of residence in city or town where death occurred 59 yrs. ? mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Matilda Costley

(a) Residence: No. 1010 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year) month & day unknown yr: 1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? U. S. A.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Nov 26 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 2220 N. Schroeder St

Huntington Hillsville, W. Va.

Nov 26 1932 ORED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11 1928 to Nov 23 1932

I last saw her alive on Nov 23 1932 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	about 4 yrs
Other contributory causes of importance: Left hemiplegia (old)	about 4 yrs

Name of operation none Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Alice Higbee M. D.

(Address) Balto City Hospitals

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84831

84831

CERTIFICATE OF DEATH

$2-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 22-5 Ward

Length of residence in city or town where death occurred 45 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Prince

(a) Residence: No. 3105 Oakley Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura S. Prince

DATE OF BIRTH (month, day, year) July 29-1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U B R H

10. Date deceased last worked at this occupation (month and year) 1909

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Henry Prince

14. BIRTHPLACE (city or town) (State or country) Holland

15. MAIDEN NAME Marion Pickett

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs. C. S. Prince

(Address) 3105 Oakley Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 28 1932

UNDERTAKER Chas. E. Franck

(Address) 802 Madison Ave

Nov 26 1932 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 . 1932.

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D. Coroner

(Address) 2739 Eastern Ave

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84832

CERTIFICATE OF DEATH

121

E 84832

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10-44 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margt Donahue

(a) Residence: No. 200 Valley St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of — Patrick Dwyer

7. DATE OF BIRTH (month, day, year) 2nd Mar - 58 - 2

AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
70 yrs	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 959

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME OF FATHER John F. Donahue

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Superior
(Address) The Little Sisters of the Poor Valley St Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov 27, 1932

19. UNDERTAKER Rita Wiedefeld
(Address) 714 Brunswick Ave Huntington Village, Md

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1931, to Nov 25, 1932

I last saw him alive on Nov 24, 1932 death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Chr Nephritis — Date of onset
Acute Sclerosis

Other contributory causes of importance:

Asthma

Name of operation Hypod Lat. Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 111 E Eager St

. D. B. 1268-9

84833 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84833

CERTIFICATE OF DEATH

Registered No. 157-003

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Tolliver

(a) Residence: No. Jeffa Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 4-31-30

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME George Tolliver

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Eva Stevenson

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Eastern Hill Date Nov 28, 1932

UNDERTAKER Edward K McCleaves
(Address) [illegible] Huntington Avenue, Md

[illegible] 6 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1932 to Nov 25, 1932

I last saw him alive on Nov 25, 1932. Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	Sept 1932
Hypertension	1 yrs

Other contributory causes of importance:

I	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edw. F. Ogden, M. D.

(Address)

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84834 E 84834

CERTIFICATE OF DEATH

93-003

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Fulton Ave St. 16 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel S. Wilhelm

(a) Residence: No. 614 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacie Morris Wilhelm

DATE OF BIRTH (month, day, year) Feb. 11, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	14		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Becklenville
(State or country) Balto. Co. Md.

13. NAME Joshua Wilhelm

14. BIRTHPLACE (city or town) Balto Co.
(State or country) Md.

15. MAIDEN NAME Elizabeth Zenchen

16. BIRTHPLACE (city or town) Balto Co.
(State or country) Md.

17. INFORMANT Ora W. Bicker

(Address) 310 Southway, Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date Nov. 28 1932

19. UNDERTAKER Wm. C. Burns & Son

(Address) Pikesville Md.

FILED 1932 19 NKH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1926 to Nov 25, 1932

I last saw him alive on Nov 25 1932 death is said to have occurred on the date stated above, at 2.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Hypertension	
Enlarged Liver	
Senile Arteriosclerosis	

Other contributory causes of importance:

Pulmonary Edema.	

Name of operation Date of

What test confirmed diagnosis Clinical as there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W A Moody M. D.

(Address) 140 Park Ave

D. B. 1268-9

84835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 84835

27-44

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2709 Southern Ave St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred G. Kloppel

(a) Residence: No. 2709 Southern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Kloppel

DATE OF BIRTH (month, day, year) July 12/1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Herman Kloppel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emma Batenscheidt

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Margaret Kloppel

(Address) 2709 Southern Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemy Date Nov. 28, 1932

UNDERTAKER Henry Hood, Sons, Inc.

(Address) 1301 E. Fayette St.

NOV 26 1932 , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	11/24/
Other contributory causes of importance: Uremia	1 yr.
General Arteriosclerosis	"

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Paul M. D.

(Address) 508 E. North Ave Coroner

D. H. 1268-9

84836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

E 84836

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) President Hospl St., 16-22 (Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred J. Manns

(a) Residence: No. 613 Harlem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emelia Manns

DATE OF BIRTH (month, day, year) Feb 14 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation F. F. Co Md

BIRTHPLACE (city or town) (State or country)

13. NAME much

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mary W. Young

(Address) 613 Harlem St

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Nov 27 1932

UNDERTAKER Samuel N. Chase Son

(Address) 638 N. Eutaw St

Nov 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to Nov 25 . 1932

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Acute Intestinal Obstruction

four days

(Fecal)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Buck M. D.

(Address) Coroner

...c.—1-30—M. & T.—250 Blks

E 84837 HEALTH DEPARTMENT—CITY OF BALTIMORE 50 E 84837

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 712 N Luzerne St. (or) 12 (WARD)

2-FULL NAME Fredricka Hammerbacher

(a) RESIDENCE NO. 712 N Luzerne Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Maiden

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, and year): Sept 2nd 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto Md.

10 NAME OF FATHER: John Hammerbacher

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Susanna Kampner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany.

Informant: Mr Lawerence Huber

(Address): 712 N Luzerne Ave

Filed: Nov 26 1932 Hampton Hillman, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 24th 1932

17 I HEREBY CERTIFY, That I attended deceased from June 7 1931 to Nov 24 1932

that I last saw h[er] alive on Nov. 21 1932

and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH* was as follows: Cardiac Cattarrh

(duration) yrs. mos. 25 ds.

CONTRIBUTORY (Secondary): Carcinoma of Breast

(duration) 1 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

(Address) [illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park cem

DATE OF BURIAL: 11/29 1932

20 UNDERTAKER: Leo H Cook

ADDRESS: 1723 Patterson Pk ave

1-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

E 84838

E 84838

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 141 E North ave ST., 12-14 WARD)

2-FULL NAME Stephen C. Hess

(a) RESIDENCE NO. 141 E North ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hess.

6 DATE OF BIRTH (month, day, and year) May 28 1879

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~5~~	53	5	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Druggist
(b) General nature of industry, business, or establishment in which employed (or employer) in Drugstore
(c) Name of employer ~~Hess~~ Company Salt City

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Martin Hess

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Richter

13 BIRTHPLACE OF MOTHER (city or town) Germany (State or country)

14 Informant Lena Hess

(Address) 141 E North ave

15 Filed 1932 Huntington Williams Memorial A.P.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Decompensation
chronic (duration) 10 yrs. mos. ds.

CONTRIBUTORY (Secondary) Angina Pectoris (duration) 8 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Investigation

(Signed) James M Fenton, M. D. Coroner

1932 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL Nov. 28 1932

20 UNDERTAKER Martin Eakes & Sons

ADDRESS 527 W. North ave

M. D. B. 1268-B

E 84839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154 E 84839

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME BABY. BURGESS

(a) Residence: No. 1641. FAYETTE ST. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 10 32

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME ISAAC BURGESS

14. BIRTHPLACE (city or town) (State or country) NORTH CAROLINA

15. MAIDEN NAME MARY ALSTON

16. BIRTHPLACE (city or town) (State or country) NORTH CAROLINA

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J.H.M.H. Cemetery Date Nov 26 1932

19. UNDERTAKER

(Address)

20. FILED Nov 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932 to Nov 22, 1932

I last saw h[illegible] alive on Nov 22, 1932 Death is said to have occurred on the date stated above, at 4:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11/10/32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Ralph W. Gault, M. D.

(Address) Johns Hopkins Hospital,

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

84840 84840 V 157 E 84840

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Jones

(a) Residence: No. Rosedale Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 22-1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) ..... (State or country) Md

13. NAME George Jones

14. BIRTHPLACE (city or town) ..... (State or country) Md

15. MAIDEN NAME Tassel-Wendell

16. BIRTHPLACE (city or town) ..... (State or country) Md

INFORMANT Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Md Cath Date Nov 24 19 32

Commissioner Health.

UNDERTAKER Huntington Williams, N.D.

(Address)

6 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1932 to Nov 23, 1932

I last saw h.. alive on Nov 23, 1932 Death is said to have occurred on the date stated above, at 10:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diaphragmatic hernia -	Congenital

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward F. Nolan M. D.

(Address) .....

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84841 — CERTIFICATE OF DEATH — v 59 E 84841

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 W Biddle St. 11-24 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Hopkins

(a) Residence: No. 212 W Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

6. If married, widowed, or divorced (or) WIFE of Wm Hopkins

DATE OF BIRTH (month, day, year) 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	85	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

18. NAME Geo Reed

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Edith ?

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT (Address) James Roden 212 W Biddle St

BURIAL, CREMATION, OR REMOVAL Place Rehoy Date 11/27/1932

UNDERTAKER (Address) Wm Fra. H. Hoffa & Son 1711 E. Baltimore St

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932 to Nov 24, 1932

I last saw h alive on Nov 22 1932 death is said to have occurred on the date stated above, at 9 45 P.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus (Coma) — Date of onset 1900

Other contributory causes of importance:

Hypertension - Myocarditis - arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? physical exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) M. D.

(Address) 1429 Eutaw st

6 1932

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84842

84842

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-9 Ward)

Length of residence in city or town where death occurr — yrs. — mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marion Boykin

(a) Residence: No. 1332 W 24th St., ... Ward Jacksonville Fla
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla.

FATHER

13. NAME Eli Boykin

14. BIRTHPLACE (city or town) (State or country) S. Car

MOTHER

15. MAIDEN NAME Mathie Boulware

16. BIRTHPLACE (city or town) (State or country) S. Car

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Wennsboro S. C. Date 11/26/32

19. UNDERTAKER Mr. Hugh H. Holland
(Address) 1031 Druid Park Ave

F[illegible] 1932 Huntington Williams Mort RKH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov - 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1932 to Nov 25 1932

I last saw h[illegible] alive on Nov 25 1932 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Neurofibromatosis	1915
Sarcoma Spinal Cord	1925

Other contributory causes of importance:

Meningitis

Name of operation Laminectomy Date of Nov. 12

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul A. Rumbel M. D.

(Address) The Johns Hopkins Hospital

Rec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84843

E 84843

CERTIFICATE OF DEATH

87-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 583 Oxford ST. 7-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Susan Carroll

(a) RESIDENCE NO. 583 Oxford ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 ~~Single~~, Married, Widowed, or Divorced, (write the word)
F	C	married

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Chas. Carroll

DATE OF BIRTH (month, day, and year) 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Md
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Unknown
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

Informant Chas Carroll

(Address) 583 Oxford

Filed 11/26 1932 Huntington Milligan, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 32

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Nov 25, 1932, that I last saw h~~er~~ alive on Nov 23, 1932 and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. L. McCard M. D.

11/26, 1932 (Address) 202 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Star Cemetery

DATE OF BURIAL 11/28/1932

20 UNDERTAKER Mrs. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84844

E 84844

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1308 Harlem Ave ST. 11-23 WARD)

2. FULL NAME John W. Casson

(a) RESIDENCE NO. 1308 Harlem Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah E. Casson

7 DATE OF BIRTH (month, day, and year) July 17-1881

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51	51	4	8	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Eastern Shore Md

11 NAME OF FATHER Robert Casson

12 BIRTHPLACE OF FATHER (city or town) (State or country) Md

13 MAIDEN NAME OF MOTHER Sarah Thomas

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25-1932

17 I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1932 to Nov. 25, 1932

that I last saw him alive on Nov. 19, 1932

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Cystitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. C. Pattelson M. D.

19 (Address) 817 Hamilton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

Interment (Address) Sarah E. Casson Huntington Williams, N.Y.

19 Registrar

61022

19. PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL 11/28/1932

20. UNDERTAKER Wm. Geo. E. Collard ADDRESS 1631 Druid Hill

M. D. B. 1268-9

Duplicate

26797 D

84845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84845

34

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-6 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mario Jackson

(a) Residence: No. 512 N. Central Ave. St., ... Ward. Order 3
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work.

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Arthur Barrows

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Isabella?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson cemetery Date Nov 26 1932

19. UNDERTAKER Edw Burgan
(Address) 1031 Orleans St.

Director Nurses Home

6 1932 RHW Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22nd. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10th, 1932, to Nov 22nd, 1932

I last saw her alive on Nov. 22, nd 1932 Death is said to have occurred on the date stated above, at 7.40 P. m.

The principal cause of death and related causes of importance were as follows:

Intercalares meningitis

Date of onset? Duration? Before?

Other contributory causes of importance:

Syphilis, latent

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

84846

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84846

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3623 Park Heights Ave. Ward) 13-54

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Rosenbaum

(a) Residence: No. 3623 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Rosenbaum

6. DATE OF BIRTH (month, day, year) Nov. 12, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Isaac Greenbaum

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mina Frank

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Stanley A. Rosenbaum
(Address) 3623 Park Heights Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Heb. Date Nov. 27, 1932

19. UNDERTAKER Hurd Sondheim & Son
(Address) 1902 Eutaw Place

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1931 to Nov. 25 1932

I last saw h.. alive on Nov. 25 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arterio-sclerosis	?
Other contributory causes of importance:	
Myocarditis	
Chr. Interstitial Nephritis	1 yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Erwin E. Wagner, M. D.

(Address) Esplanade Aprts.

Spec.—9-30—A. & Co.—250 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

84847 V131 E 84847

CERTIFICATE OF DEATH.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 222 N. Bruce St. 14-27 (WARD)

2. FULL NAME Soloman Leppard

(a) RESIDENCE NO. 222 N. Bruce ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Mar. 15, 1891

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	4	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labcrer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Jessie Leppard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Sallie Powell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Louise Ferguson
(Address) 233 N. Bruce St.

15 Filed ... 19 ... Registrar

6 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23/32

17
I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1932, to Nov. 22, 1932

that I last saw him alive on Nov. 22, 1932

and that death occurred, on the date stated above, at 9:30 a.m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Probably Kidney involvement.
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical exam.

(Signed) Walter J. Jackson. M.D. D.

19 (Address) 1631 W. Franklin St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Calvary Am

DATE OF BURIAL Nov 27 1932

20 UNDERTAKER Joseph A. Selby

ADDRESS 4099 W. Mount St

Huntington Williams M.D.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84848

CERTIFICATE OF DEATH

E 84848

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2209 Mt Holly St., 15-66 (Ward)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Louise Engle Kramme

(a) Residence: No. 2209 Mt Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of John A. Kramme

7. DATE OF BIRTH (month, day, year) Feb. 4, 1851

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

13. NAME John Engle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Geo. A. Chase

(Address) 2209 Mt Holly St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov. 26, 1932

19. UNDERTAKER Wm. Richard Sons

(Address) Mt. Holly Springs Ave. Huntington Station, Penna, N.J.

20. FILED Nov 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1932 to Nov 24, 1932

I last saw h[illegible] alive on Nov 24, 1932 Death is said to have occurred on the date stated above, at 11.47 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	11/22/32
accompanied by acute	
& complete Coronary Thrombosis	11/22/32
Arterio Sclerosis	

Other contributory causes of importance:

Senile Myocardial insufficiency and Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

84849

HEALTH DEPARTMENT—CITY OF BALTIMORE

84849

CERTIFICATE OF DEATH

137 E

Registered No. 13-54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Luther West

(a) Residence: No. 2235 Mondawmin Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Anna E. West

DATE OF BIRTH (month, day, year) May 17, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Div Claim Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 15

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs Anna E. West

(Address) 2235 Mondawmin Ave

BURIAL, CREMATION, OR REMOVAL

Place Pittsburgh Pa Date Nov 27 1932

UNDERTAKER Wm. F. Dieckus & Sons

(Address) North & Fremont

Filed 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1932 to Nov. 25, 1932

I last saw him alive on Nov. 25, 1932 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Myocardial failure	11/24/32

Other contributory causes of importance:

Hypertrophied prostate	?
Pyelitis	11/12/32

Name of operation prostatectomy Date of 9/20/32

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) D. M. C. Service M. D.

(Address) University Hospital

H. D. H. 1268-9

B 84850

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 84850

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Balto City Hospitals

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 59 yrs. 3 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie B. Dame

(a) Residence: No. 815 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles N. Dame

DATE OF BIRTH (month, day, year) 8-2-1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	59	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Eugene Clarkson

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME ? Saylor

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Greenlief Date 11/28, 1932

UNDERTAKER Stonebraker Bros.

(Address) Baltimore, Md.

DEC 27 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1932 to Nov 25, 1932

I last saw h... alive on Nov. 25, 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast - [redacted] Carcinomatosis Myocarditis	1929
Other contributory causes of importance: Myocardial failure	11-23-32

Name of operation None Date of ...

What test confirmed diagnosis? CP Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Perry Schaffer M. D.

(Address) Balto City Hospitals

AdCo. 5-31 250B

84851 HEALTH DEPARTMENT—CITY OF BALTIMORE 84851

CERTIFICATE OF DEATH

v 46

1. PLACE OF DEATH

Registered No. 97-43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6013 Emnice av St.) (Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Otto

(a) Residence: No. 6013 Emnice ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 1st 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

13. NAME John W. Otto

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Kestler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. J. J. Pupser

(Address) 3112 Baltimore Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Jerusalem Cemetery Date July 29 1932

19. UNDERTAKER Frederick Sisson Sons

(Address) 1401 Belair Road

20. FILED July 27 1932 Hunting Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1931 to July 26 1932

I last saw him on July 26 1932, death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows: Cancer Stomach

Date of onset

Other contributory causes of importance: Hemorrhage Stomach

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Cover M. D.

(Address) Cover & Southern

M. D. H. 1268-9

84852 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E84852

66-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Sinai Hospital

CITY OF BALTIMORE: (No.) Monument + Rutland (St.) Ave 45-63 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anna Scott

(a) Residence: No. 3925 Belle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Louis Scott

DATE OF BIRTH (month, day, year): 1891

AGE: 41 Years | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Harry Levin

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Sarah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mr. L. Levin

(Address) 3814 Dorchester Rd.

18. BURIAL, CREMATION, OR REMOVAL: Hebrew

Place: Washington Rd Date: 11-27, 1932

19. UNDERTAKER: Jack Levin & Son

(Address) 739 E. Baltimore St.

20. FILED: Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1932 to Nov 26, 1932

I last saw her alive on Nov 26, 1932 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Goitre with Hyperthyroidism	May 1932
Thyroid Crisis	
Other contributory causes of importance: Chr. Myocarditis	

Name of operation: S. Total Thyroidectomy Date of: Nov 26, 32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) A. B. Cohen, M. D.

(Address) Sinai Hospital

M. D. B. 1268-0 49

E 84853

84853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 15-62 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 72 yrs. ..... mos. ..... ds.

2. FULL NAME Charles Chussman -

(a) Residence: No. 3140 Coldspring Ave. St., ... Ward. Brady 2
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Marley Chussman

6. DATE OF BIRTH (month, day, year) July 24 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0 9

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME John Chussman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Kline

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 11-27 1932

19. UNDERTAKER Jack Levin Inc.
(Address) 1439 E. Baltimore St

20. FILED 1932 ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28th 1932 to 1932

I last saw him alive on Nov 20th 1932 Death is said to have occurred on the date stated above, at 9 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma Rt Kidney	

Other contributory causes of importance: Tumor embolism

Name of operation Exploratory Date of 10/31/32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Lloyd L. Cooper M. D.

(Address) 6 Lexington Bldg

H. D. B. 12489

E 84854

84854

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 15-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 12 mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carole Mellson

(a) Residence: No. 2905 Ridgewood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 3, 1931

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
1	12	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Neal Mellson

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Ida Diamond

16. BIRTHPLACE (city or town) Tidal
(State or country)

17. INFORMANT Neal Mellson - Father
(Address) 2905 Ridgewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place, Hebrew Rosedale Cem. Date 11-27-32, 19

19. UNDERTAKER Jack Levin Inc.
(Address) 1730 E Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1932 to Nov 26, 1932

I last saw her alive on Nov 21, 1932 Death is said to have occurred on the date stated above, at 2 45/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mediastinal Neoplasm	June 1932
Other contributory causes of importance:	
Bronchopneumonia	Nov 19 7 Days

Name of operation Thoracotomy Date of Nov 21

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) J. H. Goodman, M. D.

(Address) Mercy Hospital

AaCo. 5-31 250B

4855

E 84855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 E Eager Street St. 8-17 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Mach

(a) Residence: No. 2500 E Eager St., Ward. 50 years
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mach.

DATE OF BIRTH (month, day, year) Nov 18. 1840

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Europe Bohemia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. Rose Plasek.

(Address) 2500 E Eager St

BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date Nov 24. 1932

UNDERTAKER August Plasek.

(Address) 2406 Ashland Ave

Signature for Williams, N.P.

FILED 27 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1932, to Nov. 26, 1932

I last saw h[illegible] alive on Nov 25, 1932 death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	?
senility	

Other contributory causes of importance:

hypertension, arteriosclerosis, nephritis	?

Name of operation no Date of —

What test confirmed diagnosis? physical findings Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) 447 N. Kenwood Ave

Spec.—6-9-14—H. P. Co.—1000 Blks.

84856

HEALTH DEPARTMENT—CITY OF BALTIMORE E 84856

CERTIFICATE OF DEATH.

131

REGISTERED NO.....

1-PLACE OF DEATH

CITY OF BALTIMORE: No 2003 Walbrook Ave ST.: 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura D. Gormley.

(a) RESIDENCE. No. 2003 Walbrook Ave ST.. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: W.

5 Single, Married, Widowed, or Divorced (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 2/1840

7 AGE — Years: 92 — Months: 10 — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: John Gormly

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore

12 MAIDEN NAME OF MOTHER: Ann Gudridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country): England.

14 Informant (Address): John E. Southerland 2003 Walbrook Ave

15 [illegible] Huntington Hollow, N.Y.

NOV 27

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 25 1931

17 I HEREBY CERTIFY, That I attended deceased from Feb. 14th, 1931, to Nov. 25th, 1931

that I last saw h[illegible] alive on [illegible]

and that death occurred, on the date stated above, at 5:30 P.M.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Jos. L. Shreve, M. D.

11/26/1931 (Address) 20 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Nov 28 1931

20 UNDERTAKER: Frank A. Fink — ADDRESS: 915 N. Gay

H. D. B. 1268-9

84857

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84857

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. ..... St. 1-10 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard E. Knauff

(a) Residence: No. 614 N. Kenwood Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 29, 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water main Dept

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Edward E. Knauff

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Allie Penglory

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Self

(Address) 614 N Kenwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Pikesville Cem Date Nov 28, 1932

UNDERTAKER George Schilling & Sons

(Address) Mount Royal Ave & Linden Ave

FILED 27 1933 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1932 to Nov. 25, 1932

I last saw h— alive on Nov. 25, 1932 Death is said to have occurred on the date stated above, at 3:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis from appendicitis & rupture	11/20/32
Other contributory causes of importance: Paralytic ileus	11/22/32

Name of operation Appendectomy Date of 11/20/32

What test confirmed diagnosis? None Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Richard C. Cumming M. D.

(Address) The Church Home and Infirmary

AACo. 5-31 250B

84858

E 84858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1040 Harford Ave St., 10-14 Ward)

Length of residence in city or town where death occurred 46 yrs. 0 mos. 0 ds How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Eagan

(a) Residence: No. 1040 Harford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, year) Sept 10 1868

AGE Years	Months	Days	If LESS than 1 day. hrs or min.
64 yrs	2 mo	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Coat Factory

10. Date deceased last worked at this occupation (month and year) Aug. 1932

11. Total time (years) spent in this occupation 3 5yrs

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME OF FATHER Daniel Eagan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Ann McMahon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mollie Eagan

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Nov. 28 1932

19. UNDERTAKER Henry W. Carter

(Address) 501 E. Eager St.

20. FILED 1933 H. L. Stan Williams, N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to Nov 25, 1932

I last saw her alive on Nov 23, 1932 death is said to have occurred on the date stated above, at 4:31 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ac Endocarditis	
Arteriosclerosis	
Other contributory causes of importance:	
Asthma	

Name of operation Autopsy Date of 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCarter, M. D.

(Address) 111 N Harford Ave

AACo. 5-31 250B

84859

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84859

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 E. Preston St. 10-15 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? 60 yrs. ... mos. ... ds.

2. FULL NAME Mary L. O'Keefe

(a) Residence: No. 424 E. Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of David F. O'Keefe

DATE OF BIRTH (month, day, year) Oct. 20 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76 yrs	1 mo	5 days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

7. BIRTHPLACE (city or town) (State or country) Ireland

12. NAME Anthony Welby

13. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Kat Kinavan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Anthony O'Keefe

(Address) 424 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cemetery Date Nov 29 1932

19. UNDERTAKER Edgar H. Camden

(Address) 224 E. Fayette St.

FILED 27 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1932, to Nov 25 1932

I last saw her alive on Nov 25 1932 death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/18/32

Other contributory causes of importance:

Chronic Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. L. Hometen, M. D.

(Address) 133 Aisquith St

M. D. B. 1268-9

Mamie Phipps

4860 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84860

CERTIFICATE OF DEATH X 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-49 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Luther Phipps (Mamie)

(a) Residence: No. Tracy Landing, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Mr Luther Phipps

DATE OF BIRTH (month, day, year) Sept 18, 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... own home

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Friendship Md

13. NAME Harold South

14. BIRTHPLACE (city or town) (State or country) Friendship Md

15. MAIDEN NAME Lottie Wells

16. BIRTHPLACE (city or town) (State or country) Friendship Md

INFORMANT Susie Langlatz

(Address) 1517 N Wolf St. City

BURIAL, CREMATION, OR REMOVAL

Place Friendship Date Nov 29/32 19

UNDERTAKER D L Hopkins

(Address) annapolis Md

FILED 1933 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11 , 1932 , to Nov 27 , 1932

I last saw her alive on Nov 26 , 1932 . Death is said to have occurred on the date stated above, at 2.54 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertension	1928 (?)
Arteriosclerosis	1928 (?)
Other contributory causes of importance:	
Cerebral Hemorrhage	July 1932
" "	Nov 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. H. Eisenbrandt , M. D.

(Address) Union Memorial Hospital

M. D. B. 1268-9

84861

26528 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84861

CERTIFICATE OF DEATH

x 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Fraser

(a) Residence: No. Randallsville Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/27/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4 6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Fraser

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Emily Washington

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Table a a Date Nov 28 1932

19. UNDERTAKER John W Henderson

(Address) 1502 E monument st

27 1932 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1932 to Nov 26, 1932

I last saw him alive on Nov 26, 1932 Death is said to have occurred on the date stated above, at 9:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	
Tuberculous meningitis	4 days

Other contributory causes of importance:

Lung Syphilis

Name of operation Reduction of fracture · Date of Nov 6

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Dan C. Luther, M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84862

34862

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 9-46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Black

(a) Residence: No. 1617 E. 25th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Bertha

DATE OF BIRTH (month, day, year) 2-13-1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 015

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) — Md

13. NAME — John Black

14. BIRTHPLACE (city or town) (State or country) — Md

15. MAIDEN NAME — Unknown

16. BIRTHPLACE (city or town) (State or country) — "

INFORMANT — Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Balto Cem. Date Nov 28 1932

UNDERTAKER — Philip Herwig
(Address) 2016 Eutaw St

FILED NOV 27 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1932 to Nov 25 1932

I last saw him alive on Nov 25 1932 Death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	May 1932 (?)
Carcinoma of stomach	

Other contributory causes of importance:

Name of operation Exploratory laparotomy Date of Nov 28 1932

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Emmett Wilson Jenkins, M. D.

(Address) Johns Hopkins Hospital

H. D. E. 1268-9

E 84863 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84863

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 S. Bouldin St., 76-1 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia J. Smithiman

(a) Residence: No. 223 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of late Thos. J. Smithiman

7. DATE OF BIRTH (month, day, year) April 3/49

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Henry Taylor

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Thos. D. Smithiman

(Address) 223 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 28, 1932

19. UNDERTAKER Philip Herwig & Co

(Address) 2016 Orleans St

FILED Nov 27 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932 to Nov 25, 1932

Last saw her alive on Nov 24, 1932 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/21/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Observ. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Horace B. Tutlow M. D.

11/26/32 (Address) 315 S. Highland Ave

M. D. B. 1268-B

E 84864

E 84864 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3923 Keswick Road St. 13-54 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Lee Taylor

(a) Residence: No. Logan W. Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada Cecil Taylor

6. DATE OF BIRTH (month, day, year) Nov. 15. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Atty at law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. a42

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thomas S. Taylor

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nichatie French

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Walter Lee Taylor Jr.
(Address) 3923 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Thessalia Va. Date Nov 29. 32

19. UNDERTAKER John O. Mitchell Sons
(Address) 1700 Eutaw Place

20. FILED 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from November 22 . 19 32 to November 27 . 19 32

I last saw him alive on November 27 . 19 32 Death is said to have occurred on the date stated above, at 1.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/22/32
Other contributory causes of importance: Hypertension	1918
Arterio-sclerosis	?

Name of operation clinical findings Date of —

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm Anderson Jr. M. D.

(Address) 20 E. Preston St.

M. D. B. 1268-9
4865

✓ E 84865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Roland Ave St., 27-57 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marjorie Travers Davidson

(a) Residence: No. 4300 Roland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Percy Davidson

6. DATE OF BIRTH (month, day, year) Jan. 5, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co, Md.

13. NAME Samuel M. Travers

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Carpenter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Thomas Davidson
(Address) 4300 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date Nov. 28, 1932

19. UNDERTAKER Wm. C. Mitchell & Sons
(Address) 1300 Eutaw Place

20. FILED 1932 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1932 to Nov. 26, 1932

I last saw her alive on Nov. 26, 1932 Death is said to have occurred on the date stated above, at 1-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/23/32
Sudden collapse 2½ hours after first visit.	
Other contributory causes of importance: Chronic Myocarditis 11/15/27	11/15/27

Name of operation — Date of

What test confirmed diagnosis? Physical signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Gibson Porter M. D.

(Address) 4822 Roland Ave

Spec.—1-10-21—M&T—1500 Bks.

84866

✓ E 84866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5301 Brabant Rd ST. 28-11 WARD)

2-FULL NAME Thomas F. Malloy

(a) RESIDENCE NO. 5301 Brabant Rd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret M. Malloy

6 DATE OF BIRTH (month, day, and year) August 10, 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	3	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer

(b) General nature of industry, business, or establishment in which employed (or employer) Self 042

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Jas. M. Malloy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary J. M. Sheehan

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Leo J. Malloy (Address) 528 Wyoming Ave Pikesville Md

15 Filed 11/28 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 1932 to Nov 25 1932

that I last saw him alive on Nov 24 1932

and that death occurred, on the date stated above, at 10.30 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage (apoplexy)

(duration) yrs. mos 15 min da.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) 1 yrs. mos. da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. O'Neill M. D.

11/26 1932 (Address) 108 N. Dutton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 11/28 1932

20 UNDERTAKER Henry U. Meyers & Son ADDRESS 805 N. Calvert

M. D. B. 1268-9

84867 HEALTH DEPARTMENT—CITY OF BALTIMORE 84867

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Brason St. 24-35 Ward)

Length of residence in city or town where death occurred 58 yrs. — mos. ..... ds. How long in U. S. If of foreign birth 20 yrs. — mos. — ds.

2. FULL NAME Anna Faust

(a) Residence: No. 1300 Brason St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Godfred Faust

6. DATE OF BIRTH (month, day, year) Nov. 4. 1862

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	70	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Rosler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eva Baumm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Godfred Faust

(Address) 1300 Brason St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 28 1932

19. UNDERTAKER Chas L Sturm & Son

(Address) 15 E Lexington Ave

20. FILED Nov 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 1932

22. I HEREBY ~~CERTIFY~~, That I attended ~~deceased~~ from April 25th 1931. to Nov 25th 1932

I last saw h~~e~~r alive on Nov 25th 1932 Death is said to have occurred on the date stated above, at 7.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic aortic regurgitation, chronic interstitial nephritis.	4/25/31
Other contributory causes of importance: Uraemia Coma	2 weeks before death

Name of operation None Date of .....

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Weibel M. D.

(Address) 224-26 Hanover St 11/26/32

84868 ✓ E 84868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Seiling Sanitorium 13-5 Hospital Gate Ave) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna C. Hofstetter

(a) Residence: No. 840 Kodig st., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Philip N. Hofstetter

6. DATE OF BIRTH (month, day, year) Dec 21st 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73 74	11	34	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME George Dienstbier

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN Konigunda Kettenstock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis H. Hofstetter

(Address) 1902 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov 28th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Nov 28 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1932 to November 24 1932

I last saw her alive on November 23 1932. Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/24/32
Other contributory causes of importance:	
arteriosclerosis	1928

Name of operation — Date of —

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilhelmina Fort M. D.

(Address) 209 Preston St

A&Co. 5-31 250B

84869 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84869

46

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 E. Hamburg St., 24-33 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Anne Petersack

(a) Residence: No. 405 E. Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Joseph J. Petersack

DATE OF BIRTH (month, day, year) Aug 26-1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frank Winters

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie M. Reichert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank J. Petersack
(Address) 405 E. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11-29 1932

19. UNDERTAKER Leonard Bruce
(Address) 530 Hartford Ave

20. FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25-1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932, to November 25, 1932

I last saw her alive on November 25 1932 death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Carcinoma of the Stomach

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury ...

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John A. Petersack M. D.

(Address) 1337 E. Chase St.

. D. B. 1268-9

84870

HEALTH DEPARTMENT—CITY OF BALTIMORE

M E 84870

210-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 20-24 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Doyle

(a) Residence: No. 3106 Leeds St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J. Doyle

DATE OF BIRTH (month, day, year) October 14, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0+0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer Water Dept

10. Date deceased last worked at this occupation (month, day, year) 1925

11. Total time (years) spent in this occupation 5yrs

BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

13. NAME John J. Doyle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Summers

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Milton Ruby
(Address) 3106 Leeds St.

BURIAL, CREMATION, OR REMOVAL
Place St. Peter's Cemetery Nov. 28 1932

UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore St.

FILED NOV 27 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 . to , 19

I last saw him alive on injury, 19 . Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	11/14/32
Intra cranial hemorrhage	
Other contributory causes of importance:	
Automobile Accident	11/14/32

Name of operation none Date of -

What test confirmed diagnosis? Spinal puncture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/14, 1932

Where did injury occur? Frederick Rd nr Fortville Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny, M. D. Coroner

(Address) 2200 E. Madison St.

H. D. B. 1268-9

4871

HEALTH DEPARTMENT—CITY OF BALTIMORE 84871

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St. 9-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Zeppenfeld

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) November 14, 1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	-	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Johann Konig

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Ackerschot

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records German Aged Home

(Address) Baltimore & Payson Sts.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date Nov. 28, 19 32

UNDERTAKER [illegible]

(Address) 1003 W. Baltimore St.

FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 19 32 to Nov 25, 19 32

I last saw h[illegible] alive on Nov 25, 19 32 Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

Hypocardites — Date of onset
Chronic Nephritis
Senile Dethenia

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) [illegible] M. D.

(Address) 2000 Hollins St.

M. D. H. 1268-9

E 84872 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84872

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 W. Lexington St. 18-M Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Thomas

(a) Residence: No. 800 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Jas. Thomas

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT N Dorsey

(Address) 115 Lemmington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/28, 1932

19. UNDERTAKER Geo. Lewin Sons

(Address) 2 E. Lexington St

20. FILED 12, 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address) 2731 Lo[illegible]

M. D. B. 1268-9

E 84873 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84873

CERTIFICATE OF DEATH

✓ 46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Hollins St. 19-29 Ward)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine A. Twele

(a) Residence: No. 1322 Hollins St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of August C. Twele

6. DATE OF BIRTH (month, day, year) May 9th 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Herrman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Chas. W. Twele

(Address) 136 W. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 28th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

Filed 1932 Harrington Hopkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1932 to Nov 26 1932

I last saw h[illegible] alive on Nov 26 1932 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach Indefinite	
Other contributory causes of importance: Exhaustion	11-24-32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Campbell M. D.

(Address) 1644 Hanover

M. D. B. 1268-9

84874 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 84874

CERTIFICATE OF DEATH

V 161-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cecile Catharine Boudiens (Boudin)

(a) Residence: No. Curtis Bay, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 11-26-32

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Curtis Bay Baltimore Md

13. NAME Andrew Boudias

14. BIRTHPLACE (city or town) (State or country) Chattanooga Tenn

15. MAIDEN NAME Mary Dunbar

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Dr. Johnson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md 11/28 1932

19. UNDERTAKER Tim Cook
(Address) 1217 S Caroline St

20. FILED Huntington Md 12/8 1932
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-26-32 1932 to 11-26-32 1932

I last saw her alive on 11-26-32 1932 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis caused during birth.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 1932

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Francis V. Taylor M. D.

(Address) Mercy Hospital

Spec.—1-12-23—M&T—500 Bks.

84875

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84875

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 165-2 N. Gilmor St. 15-71 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew Tannyhill Abrams

(a) RESIDENCE NO. 165-2 N. Gilmor ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Abrams

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

PARENTS

10 NAME OF FATHER Frank Abrams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant (Address) Betty Abrams 165-2 N. Gilmor St

NOV 28 1932

Registered Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-24-1932

17 I HEREBY CERTIFY, That I attended deceased from 6-10-1932 to 11-24-1932 that I last saw him alive on 11-23-1932 and that death occurred, on the date stated above, at 5-40 P. m.

The CAUSE OF DEATH was as follows:

Cardio-Renal-Vascular Disease

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) George C. Sage M. D.

, 19 (Address) 816 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

UNDERTAKER Thomas E. Kelson

DATE OF BURIAL Nov 28 1932

ADDRESS 1303 Preston St

M. D. B. 1268-9

E 84876

HEALTH DEPARTMENT—CITY OF BALTIMORE E 84876

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3300 Hillen Rd. St., 9-47 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Kemp

(a) Residence: No. 3300 Hillen Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	Widowed

6a. If married, widowed, divorced (or) WIFE of John H. Kemp

6. DATE OF BIRTH (month, day, year) Apr 14 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER FATHER

13. NAME Samuel Bowers

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

15. MAIDEN NAME Rachel Panebaker

16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Ina Anne Schoenholz

(Address) 3300 Hillen Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Date Nov 28, 32

19. UNDERTAKER John H. Moran

(Address) 3000 E. Baltimore St

20. FILED Nov 28 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1927 to Nov 25 1932

I last saw her alive on Nov 24, 1932 Death is said to have occurred on the date stated above, at 2 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease	?

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo. R. Miller M. D.

(Address) 1937 Eutaw Pl

NOV 28 1932

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

84877 ✓ 23 E 84877

CERTIFICATE OF DEATH

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 200 - Valley St. 10-14 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sara Young

(a) Residence: No. 200 Valley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	Widow

6. If married, widowed, or divorced: WIFE of Joseph Young

7. DATE OF BIRTH (month, day, year) 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75 ~~4 27~~			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Nicolas Brent

14. BIRTHPLACE (city or town) (State or country) .....

15. MAIDEN NAME Lucretia Stevens

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Sister Stanislaus, Superior

(Address) 200 Valley St - Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Bonnie Brae Date 11-28 1932

19. UNDERTAKER Robt. Weatherfield

(Address) 4 Huntington Ave Baltimore, Md.

28 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1931, to Nov 26 1932

I last saw her alive on Nov 25 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonalis	1 yr.
Other contributory causes of importance: Hemorrhage	2 ds.
Asthenia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 111 W Monument

M. D. B. 1268-9

84878 E 84878

84878 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100-E-23rd St. 17-50 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Sophia Bode

(a) Residence: No. 2824-N-Calvert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, year) April-10-1881

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Gustav A. Bode

14. BIRTHPLACE (city or town) (State or country) Gottingen Germany

15. MAIDEN NAME Louise M. Struwe

16. BIRTHPLACE (city or town) (State or country) Bremer-Haven Germany

INFORMANT Mrs. G. A. Bode-(mother)

(Address) 2824 N. Calvert St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 28 1932

UNDERTAKER Edward H. Konig Co.

(Address) 108 W. Mt. Royal Ave.

28 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18 1932 to Nov 26 1932

I last saw her alive on Nov 25 1932 Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder with metastases	

Other contributory causes of importance:

Name of operation operated on for Carcinoma of Bladder Date of April 1931

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury none 19.....

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathaniel M. Beck M. D.

(Address) 100 E. 23rd St

ppc.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84879

84879

CERTIFICATE OF DEATH

59

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. ST. 24-34 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Nora Henderson

(a) RESIDENCE NO. 1520 Bolt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Henderson

DATE OF BIRTH (month, day, and year) Aug 6, 1882

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	3	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Cecil County, Md.

10 NAME OF FATHER Oliver Logan

11 BIRTHPLACE OF FATHER (city or town) (State or country) North East Md.

12 MAIDEN NAME OF MOTHER Louisa Allison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North East Md.

Informant Walter A. Henderson

(Address) 1520 Bolt.

28 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26-32

17

I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932, to Nov 26, 1932,

that I last saw h.S. alive on Nov 26, 1932

and that death occurred, on the date stated above, at 1:40 P. m.

The CAUSE OF DEATH* was as follows:

Ruptured Duodenal Ulcer

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Diabetes Mellitus

(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Yes Date of 11/11/32

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy & Clinical

(Signed) J. [illegible], M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL North East Cemetery

DATE OF BURIAL 11/30 1932

20 UNDERTAKER L. Few McCully

ADDRESS 130 E. Fort

A&Co. 5-31 250B

34880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8VE 8880

1. PLACE OF DEATH Lutheran Hospital

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 96-27 St. ..... Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Frederick Schmitt

(a) Residence: No. 148 S. Conkling St. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) Nov 12, 1927

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	5		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME August Schmitt
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Rose Ehrer
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.
17. INFORMANT (Address) Father 148 S. Conkling St.
18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Nov. 29, 1932
19. UNDERTAKER (Address) Kelly & Sons Inc. 1501 Pulaski St

Registered NOV 29 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1932, to Nov. 26, 1932

I last saw h.. alive on Nov. 26, 1932 death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet fever	Nov 10
Acute Hemorrhagic Nephritis	Nov 17
Bilateral Bronchial Pneumonia	Nov 20

Other contributory causes of importance:
Cardiac Failure

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Lehman M. D.
(Address) Lutheran Hospital

M. D. B. 1268-9

84881 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84881

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St. 10-14 Ward)

Length of residence in city or town where death occurred 21 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Emil Bagdon

(a) Residence: No. 1048 N. Gay St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 6, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Ignatius Bagdon

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Mary Langer

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Ignatius Bagdon
(Address) 1048 N. Gay St

17. BURIAL, CREMATION, OR REMOVAL
Place Forest Pk Date Nov 29, 1932

18. UNDERTAKER Wendell Eng. Funeral Dirs.
(Address) 1501 N. Broadway

FILED 29 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 .... to .... 19 ....
I last saw h alive on injury, 19 .... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

Crushed pelvis — Date of onset ....
Internal Injuries — Date of onset ....

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide accident Date of injury 11/26, 1932

Where did injury occur? Chase nr. Bond St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Slipped while getting on L.

Nature of Injury moving truck & fell under wheels.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) Jos. F. Pokorny Coroner M. D.

(Address) 2222 E. Madison St.

H. D. B. 1268-9

84882

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 84882

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Comfort Station

CITY OF BALTIMORE: (No. Monument & Greenmount St., 16-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Raymond Johnson

(a) Residence: No. 609 Gilbert St St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jeannette Johnson

DATE OF BIRTH (month, day, year) Sep 5/1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Joseph P. Johnson

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Saran Reed

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Jeannette Johnson
(Address) 609 Gilbert St

BURIAL, CREMATION, OR REMOVAL
Place M H Carton Co Date Nov. 29, 1932

UNDERTAKER Robert F. Williams
(Address) [illegible]

DEC 82 AON

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26/32 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardio-vascular Disease	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 1086 Arrow[illegible]

M. D. B. 1268-9

84883 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84883

CERTIFICATE OF DEATH

Registered No. 5-8-97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 Asquith St St., 5-8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? 22 yrs. mos. ds.

2. FULL NAME Sarah Cohen

(a) Residence: No. 124 Asquith St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Cohen

7. DATE OF BIRTH (month, day, year) 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation..

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris A. Tabakman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Un known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Cohen - Husband
(Address) 124 Asquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt Carmel Date 11-28, 1932

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St.

Filed NOV 28 1932, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: General Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

84884

HEALTH DEPARTMENT—CITY OF BALTIMORE 84884

CERTIFICATE OF DEATH

XV 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 9-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Lawrence Wm Cashman

(a) Residence: No. Easton, Maryland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Cashman

6. DATE OF BIRTH (month, day, year) [illegible] 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Lawrence Cashman
(Address) Easton Md

18. BURIAL, CREMATION, OR REMOVAL
Place Easton Md Date Nov 28 1932

19. UNDERTAKER John O. Mitchell Sons
(Address) 124 Eastern Ave

20. FILED [illegible] 19 [illegible] Registrar.

Nov 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 16 1932 to November 27 1932

I last saw h. alive on November 27 1932 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia.	
Paralytic ileus - post-op.	

Other contributory causes of importance:

Prostatic hypertrophy
hypertension, mitral stenosis
and mitral endocarditis

Name of operation Prostatectomy Date of 11-23-32

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Albert Kerwick M. D.

(Address) St Joseph Hosp

M. D. R. 1268-9

84885

L. M. F. 84885

HEALTH DEPARTMENT—CITY OF BALTIMORE

210 - 001

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) South Baltimore General Hospital St. (or Ward) 21-29

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Clifton Childs

(a) Residence: No. 1339 Ward St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Addie L. Childs

6. DATE OF BIRTH (month, day, year) March 1, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn, Md

MOTHER FATHER

13. NAME John Childs

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Louisiana Harrod

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lloyd Childs (Brother)
(Address) 1341 Ward St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 11 25 1932

19. UNDERTAKER [illegible]
(Address) 139 W. H[illegible]

[illegible] Registrar.

NOV 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19.. to Nov. 19..

I last saw h alive on Nov. 19.. Death is said to have occurred on the date stated above, at 10:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left femur	2/8/31
Chronic osteomyelitis L.F.	
Syphilis.	
Other contributory causes of importance:	
Automobile accident	2/8/31

Name of operation Open reduction; Date of ?

What test confirmed diagnosis? Roe Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/8 1931

Where did injury occur? Homer in Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Struck by auto while [illegible] in street

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Murray Coroner M. D.

(Address) 2200 E. Madison St

E 84886 B—50L

E 84886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N. Churchill St, ST. 22-31 WARD)

2-FULL NAME Louise Briscoe. (C)

(a) RESIDENCE NO 9 N. Churchill St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert Briscoe. (C)

6 DATE OF BIRTH (month, day, and year) April 19, 1888.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None. 37
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant John Riley. (C)
(Address) 9 N. Churchill St.

15 F[illegible] Huntington Williams, M.D.
Registrar

NOV 28 19[illegible]

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 25, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Rupture of an Aortic Aneurism.
Cues.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D.
Coroner

11/28/32 (Address) 1017 N. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnsen Center

UNDERTAKER Walter B. Spriggs

DATE OF BURIAL 11/28 1932

ADDRESS 139 W Hamburg St.

M. D. B. 1268-9

84887. HEALTH DEPARTMENT—CITY OF BALTIMORE 84887.

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 E. 22nd St., 12-50 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Theadore M. Rohr

(a) Residence: No. 410 E. 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Effie Rohr

6. DATE OF BIRTH (month, day, year) April 17 1848

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
84	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonburg Virginia

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Harrisonburg Virginia

15. MAIDEN NAME Margaret Harriet

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Frances McAllester 410 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL Harrisonburg Va Date Nov 30, 1932

19. UNDERTAKER William C. Black (Address) 1717 E Baltimore

20. FILED Nov 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. , 1932 to Nov. 28 , 1932

I last saw him alive on Nov. 27 , 1932 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	1911

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Gustavus C. Johns M. D.

(Address) 3014 St. Paul St.

pec.—1-12-23—M&T—500 Bks.

84888

E 84888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 21 S. Schroeder (St.) 18-29 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah E. Watson

(a) RESIDENCE NO. 21 S. Schroeder ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widowed

a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) King & Qu. Co. Va.

10 NAME OF FATHER Unknown McCarthy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Polly Ann Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Gertrude Reid

(Address) 21 S. Schroeder St.

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-25-1932

17

I HEREBY CERTIFY, That I attended deceased from 9/20, 1932, to 11/25, 1932,

that I last saw h alive on 11/25, 1932,

and that death occurred, on the date stated above, at 3:30 p m.

The CAUSE OF DEATH was as follows:

Broncho pneumonia

Cardiovascular Renal Disease

(duration) yrs. 3 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

11/26/1932 (Address) 200 Carlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Nov. 28, 1932

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 321 S Schroeder St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84889

E 84889

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 23 N. Poppleton St. 18-26 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Williams

(a) Residence: No. 23 N. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Williams

7. DATE OF BIRTH (month, day, year) 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Falls, Md

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs M. Williams

(Address) 23 N. Poppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Nov. 24, 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 1 Lafayette St

FILED NOV 28 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Sept 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

A&Co. 5-11-2908

84890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 84890

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Woodbourne Ave St., 27-48 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellison N. Abbott

(a) Residence: No. 609 Woodbourne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 27th 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Trust Co.

10. Date deceased last worked at this occupation (month and year) Dec 1931

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Penna.

13. NAME Maxwell E. Abbott

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Mary Tedebur

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Mary Abbott
(Address) 609 Woodbourne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 11/28/ 1932

19. UNDERTAKER E. J. Fleming & Son
(Address) 1938 E. Lafayette Ave.

20. Filed NOV 28 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931, to NOV 24, 1932

I last saw him alive on Nov 24, 1932 death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1931

Other contributory causes of importance:

None

Name of operation ~~None~~ Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Fritz S. Johnsen, M. D.

(Address) 2700 Harford Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84891 E 84891

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital Registered No. 131

CITY OF BALTIMORE: (No. 1514 Druid Ave St. 17-24 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph T Hopkins

(a) Residence: No. 528 W Biddle St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Addie Hopkins

7. DATE OF BIRTH (month, day, year) March 29-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME M. Hopkins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Florence Carter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alfred Hopkins

(Address) 24 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem Nov 28 1932

19. UNDERTAKER Bernard P. Henderson

(Address) 1303 Pennsylvania Ave Huntingtown, Md.

NOV 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1932 to Nov 24, 1932

I last saw h alive on Nov 24, 1932 Death is said to have occurred on the date stated above, at 1:24 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-23-32

Other contributory causes of importance:

Hypertensive Cardio Vascular Renal Disease	Unknown

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. C. Higgins, M. D.

(Address) Provident Hospital

M. D. B. 1268-9

E 84892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13-57 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wink

(a) Residence: No. 3614 Clipper Rd St., Ward. Woodberry Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice L. Wink

6. DATE OF BIRTH (month, day, year) June 24 91

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward Wink

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge Date Nov 28 1932

19. UNDERTAKER Edmondson

(Address) 3615-17 Edmondson Ave

NOV 28 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-25-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1932, to Nov 25, 1932

I last saw him alive on Nov 25, 1932. Death is said to have occurred on the date stated above, at 7.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930
Other contributory causes of importance:	
Pneumonia - terminal	

Name of operation Date of

What test confirmed diagnosis? Urine HPN Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dean A. Clark M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-0

E 84893

4893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 London Ave St. 20-71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Ward Scott

(a) Residence: No. 515 London Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A. Scott.

6. DATE OF BIRTH (month, day, year) May 5, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinsmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME William R. Scott.

14. BIRTHPLACE (city or town) (State or country) Louisiana

MOTHER

15. MAIDEN NAME Emma J. Lantz.

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Margaret A. Scott.
(Address) 515 London Ave.

18. BURIAL, CREMATION, OR REMOVAL. Date Nov 30 1932

London Park

19. UNDERTAKER Chronowith & Son

(Address) 3415-17 Eastern Ave

[illegible] Huntingdon Pennsylvania

NOV 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1932 to Nov 27, 1932

I last saw h[illegible] alive on Nov 26, 1932 Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Pancreas	Sept 18

Other contributory causes of importance:

Cirrhosis - Kidneys
Chronic Nephritis
Myocarditis

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Geo. P. Wiseley M. D.

(Address) 4000 Edmondson Ave

M. D. B. 1268-9

E 84894

84894 HEALTH DEPARTMENT—CITY OF BALTIMORE

34

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Penna R.R. Station at
CITY OF BALTIMORE: (No. Biddle St on platform St., 7-13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Davis

(a) Residence: No. 1800 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1901

AGE	Years	Months	Days	If LESS than 1 day.... hrs. or min.
about	31			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RR
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kinston, N.C.

13. NAME John Davis

14. BIRTHPLACE (city or town) (State or country) Kinston, N.C.

15. MAIDEN NAME Jannie Hardy

16. BIRTHPLACE (city or town) (State or country) Kinston, N.C.

17. INFORMANT George Davis
(Address) 1800 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 11/28/32 19

19. UNDERTAKER Wm Ida B. Arnold
(Address) 1212 N. Eutaw St Baltimore Md

NOV 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25/32. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 10.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardio-vascular Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo W Cole M. D. Coroner
(Address) 508 E Eager St

C. D. B. 1265-9

84895

HEALTH DEPARTMENT—CITY OF BALTIMORE 84895

CERTIFICATE OF DEATH

72-001

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Owens

(a) Residence: No. 1225 N. Spring St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) July 10/32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	15	

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Wilbert Owens

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Genevieve Johnson

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mother
(Address) 1225 N. Spring

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 11-28-32, 19

19. UNDERTAKER Wm. Sam Burkhardt
(Address) 1129 N. Gilmore St.

20. 11-28 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphoid Leukemia ?	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. Ed. Owens ... M. D.
Coroner

(Address) 508 E. Monument

Spec—12-23-21—E.B.R.S.—400 Bks.

34896

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84896

CERTIFICATE OF DEATH.

97 Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 8 E. Hamilton St. St. 11-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Hammer

(a) Residence No. 8 E. Hamilton St. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX F

4-COLOR OR RACE, Col

5-Single, Married, Widowed, or Divorced, (Write the word.) Widowed

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year) June 1855

7-AGE, 77 yrs. mos. ds.

If LESS than 1 day, hrs. or min.*

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Launderss

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9-BIRTHPLACE (city or town) (State or Country), Baltimore, Md.

PARENTS.

10-NAME OF FATHER, Francis Sims

11-BIRTHPLACE OF FATHER (city or town) (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Indiana

13-BIRTHPLACE OF MOTHER (city or town) (State or Country), Indiana

14- (Informant) Julia Johnson

(Address) 8 E. Hamilton St.

15- 19 Registrar.

28 1932

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year) Nov. 25, 1932

17- I HEREBY CERTIFY, That I attended deceased from July, 1931, to Nov. 25, 1932

that I last saw h.e.r alive on Oct 20, 1932

and that death occurred, on the date stated above, at 1-45 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - 1

(Duration) 4 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Hypertension - Senility

(Duration) 4 yrs. 6 mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam and

(Signed) Wm. J. Fulton M. D.

, 19 (Address) 2211 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. Laurel Cemetery

DATE OF BURIAL. 11/28/32 19

20-UNDERTAKER. Wm. H. B. Snider

ADDRESS 449 N. Eutaw

C. D. B. 1268-9

84897 HEALTH DEPARTMENT—CITY OF BALTIMORE 84897

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 W. Mulberry St. 4-25 Ward)

Length of residence in city or town where death occurred 4yr. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chu Fong

(1a) Residence: No. 211 W. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Lee How
(Address) 1811 Belmont St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Nov 28 . 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

NOV 28 1932 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... , 19 .....

I last saw h..... alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edgar Tilden , M. D.
Coroner

(Address) 2939 Eastern Ave.

Spec.—2-29-28—L. F. S.—500 Bks.

84898

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84898

93-003

CERTIFICATE OF DEATH

REGISTERED NO. 19-27

1—PLACE OF DEATH Maryland General Hosp

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Jackson

(a) RESIDENCE NO. 501 North Stricker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 10/14/75

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Virginia

10 NAME OF FATHER John Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lizzie Evans

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

Informant Edwin Poe

(Address) 501 N Stricker St

11-28-1932 Huntington W Va Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-25-32

17 I HEREBY CERTIFY, That I attended deceased from 11/14, 1932, to 11/25, 1932, that I last saw him alive on 11/25, 1932 and that death occurred, on the date stated above, at 5:30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis (duration) yrs. mos. 11 ds.

CONTRIBUTORY (Secondary) Uremia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. L. Krause, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL 11-28 1932

20 UNDERTAKER Dennis Eardley

ADDRESS 916 Eutaw

M. D. B. 1265-9

84899

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84899

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 W Monument St, Ward) 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlotte Eliza Nicolai

(a) Residence: No. 212 W Monument St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 16th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Charles Henry Nicolai

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Charlotte R. Turner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Charles D. Nicolai

(Address) 2900 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Final Greenmount Date Nov 29 1932

19. UNDERTAKER Henry H. Kerbin & Sons

(Address) Belvedere & Orchard Sts

28 1932 Lexington Mausoleum

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 6 1929 to 11-26 1932

I last saw h[illegible] alive on 11-26 1932. Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of stenosis	1929
Other contributory causes of importance: Pulmonary oedema	3 days duration

Name of operation Gastrostomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry Russell M. D.

(Address) 3902 Greenlawn Ave

M. D. R. 1934

84900

266041

HEALTH DEPARTMENT—CITY OF BALTIMORE

84900

CERTIFICATE OF DEATH

+ 18

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 9-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Tawney

(a) Residence: No. Cockeysville Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-7-32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Bosley Tawney

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bessie Wirtz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Peace [illegible] Date Nov 29/32

19. UNDERTAKER W. H. Brooks

(Address) Brooks Md

Nov 28 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932 to Nov 27, 1932

I last saw h[illegible] alive on Nov 27, 1932 Death is said to have occurred on the date stated above, at 8 25 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	11 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Spinal Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ann E Kellner, M. D.

(Address) Johns Hopkins Hospital.

M. D. B. 1368-9

84901 HEALTH DEPARTMENT—CITY OF BALTIMORE 84901

26 CERTIFICATE OF DEATH 66-002

Registered No.

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bebe Bailey

(a) Residence: No. 1124 Argyle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-3-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Bailey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Chester

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date 11-28-32

19. UNDERTAKER George P. A. Gibson
(Address) 1521 Eutaw Place

20. FILED 19 Registrar.

281032

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct-17, 1932 to Nov-25, 1932

I last saw h[illegible] alive on Nov 25, 1932 Death is said to have occurred on the date stated above, at 10 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate	Apr 1932
Sensitive to Iodine	
Toxicity + Debility	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R Carmichael Tilghman, M. D.

(Address) Johns Hopkins Hospital

Spec.—12-9-25—A Co.—1,200 Bks.

E 84902

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84902

23

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 4101 Pennington St. 25-11 Ward)

2-FULL NAME John P. Meyer

(a) RESIDENCE NO. 4101 Pennington St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Married

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Natalie Meyer

7 DATE OF BIRTH (month, day, and year): July 27 — 1861

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	71	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer do

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town):

(State or country) Baltimore.

10 NAME OF FATHER Louis Meyer

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Columbus O.

12 MAIDEN NAME OF MOTHER Nettie Luedtke

13 BIRTHPLACE OF MOTHER (city or town):

(State or country) Germany.

14 Informant: George Meyer

(Address) 4101 Pennington Ave

15 Filed ..... 19 ..... Registrar.

NOV 28 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

11-28-32

17 I HEREBY CERTIFY, That I attended deceased from 11-24-32, 19..., to 11-28-32, 19..., that I last saw him alive on 11-27-32, 19..., and that death occurred, on the date stated above, at 7.20 A.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis.

unknown (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY —

(Secondary)

(duration) ...yrs. ...mos. ...ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Physical Examination

(Signed) Lawrence McSherry M. D.

19 (Address) 1009 Annapolis Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — Date of Burial: Nov 30 1932

20 UNDERTAKER: Meyer J. Lyon — ADDRESS: 1422 Eight St

M. D. B. 1268-9

E 84903 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84903

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 21 E. West St. 23-33 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rita L. Stayton

(a) Residence: No. 21 E. West St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov. 25-1923

7. AGE: Years 9 | Months 0 | Days X | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME OF FATHER: Frank D. Stayton
14. BIRTHPLACE (city or town) (State or country): Cole's Mill
15. MAIDEN NAME OF MOTHER: Hannah J. Holland
16. BIRTHPLACE (city or town) (State or country): Cole's Mill

17. INFORMANT: Mr. Frank D. Stayton
(Address) 21 E. West St

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park
Place: ... Date: Nov 28 1932

19. UNDERTAKER: Wm. Cade & Sons
(Address) 1307 Light St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1932 to Nov 27 1932
I last saw h... alive on Nov 27 1932 Death is said to have occurred on the date stated above, at 7:15 pm.

The principal cause of death and related causes of importance were as follows:
Accidental burns Duration 5 days
Other contributory causes of importance: Shock 1/2 hr.

Name of operation — Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) D. Hamilton Jones M. D.
(Address) 1 E. Madison St.

Spec.—8-16-29—L. F. S.—100 Bks.

Louisa Hofmann

E 84904

84904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 936 Ridgely ST., 21-24 WARD)

2—FULL NAME Louisa ~~Huff~~ Hofmann

(a) RESIDENCE NO. 936 Ridgely ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. L. Hofmann

DATE OF BIRTH (month, day, and year) Feb. 16. 1870

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	9	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto Md.
(State or country)

10 NAME OF FATHER Eugene J. Uhland

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Theresa Ranft

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

Informant L. L. Hofman

(Address) 936 Ridgely St.

28 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH 1932 11 67

16 DATE OF DEATH (month, day, and year) Nov 27 1932

17

I HEREBY CERTIFY, That I attended deceased from Nov 21, 1932, to 27 Nov, 1932,

that I last saw h[illegible] alive on Nov 26, 1932

and that death occurred, on the date stated above, at 4 Nov 0 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) J. M. Lampron, M. D.

19 (Address) 3409 Ellamont

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park	Nov. 30 1932
20 UNDERTAKER	ADDRESS
Chas. Maguire & J. Flynn	1417 Light St

Spec.—2-29-28—L. F. S.—500 Bks.

84905

E 84905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO. 20-64

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John C King

(a) RESIDENCE NO. 2535 Ashton ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 4/2/57

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	7	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Cattle Dealer

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Cumberland County

10 NAME OF FATHER Wm N King

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa.

12 MAIDEN NAME OF MOTHER Sarah Baugher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

Informant Hospital Records.

(Address)

Filed ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26/32

17 I HEREBY CERTIFY, That I attended deceased from 11/5, 19 32, to 11/25, 19 32, that I last saw h alive on 11/25, 19 32 and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Cerebral Senile Arterial Sclerosis

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) ..... M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery. DATE OF BURIAL Nov. 29th 1932.

20 UNDERTAKER Charles J. Schwab. ADDRESS 505 N. Monroe St.

COMMON

Cor.—10-10-29—A Co.—100 Bks.

E 84906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84906

CERTIFICATE OF DEATH

186-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Bon Secours Hospital St. 20-64 Ward)

2-FULL NAME Elma Ames Griffen

(a) RESIDENCE NO. 135 Willard St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 58 yrs. — mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of E. Henry Griffen

6 DATE OF BIRTH (month, day, and year) Nov. 25, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	58	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife, 37
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Frederick Ames

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Germany

12 MAIDEN NAME OF MOTHER Sophia Zimmerman

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Germany

14 Informant Emma A. Griffen
(Address) 135 Willard St.

NOV 28 1932 Huntington Williams Undertaker

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 25, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured S. Skull — Accidental then fall downstairs into cellar floor.

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (Secondary) Hypertension, Chronic Nephritis (uncertain)

Lobar pneumonia (duration) (pneumonia) 3 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? Typical & Clinical symptoms

(Signed) Guy N. Cromwell M. D.

11/24/32 (Address) 203 Tatapsco St., Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cemetery

DATE OF BURIAL 11/28/32

20 UNDERTAKER H. B. Wenpert 1300 Eutaw Place

ADDRESS

Spec. 1-10-21 M&T 1500 Blks.

E 84907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 84907

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 605 N. McCabe ar ST., 27-46 WARD)

2-FULL NAME John G. Miegel

(a) RESIDENCE NO. 605 N. McCabe ar ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Amelia Sonnenburg dec.

6 DATE OF BIRTH (month, day, and year): May 16 1837

7 AGE: Years 95 Months 8 Days 10 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Retired
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

PARENTS

10 NAME OF FATHER: John G. Miegel

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Richard H. Miegel 3814 Keelson Rd

15 Filed ..... 19 ..... Registrar

28 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 26 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to Nov 26, 1932.

that I last saw him alive on Nov 25, 1932,

and that death occurred, on the date stated above, at 7 a. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary): Arteriosclerosis senile

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) Joseph E. Gelsinger M. D.

Nov 26 1932 (Address) 3201 Gardenia Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery

DATE OF BURIAL: 11/29/1934

20 UNDERTAKER: F. B. Wagner 150 W. Balto St

ADDRESS

A&Co. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84908 E 84908

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1100 Cator Ave. St. 23-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Isabelle Daly

(a) Residence: No. Jenkins Memorial St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
75 yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME [illegible] Daly

14. BIRTHPLACE (city or town) (State or country) Ballyshannon Ireland

15. MAIDEN NAME Same

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hospital
(Address) 1100 Cator Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place St. Vincents Date Nov. 29 1932

19. UNDERTAKER Martin Fisher & Sons
(Address) 527 N. Howard Ave.

NOV 28 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to November 27th 1932

I last saw her alive on November 26, 1932 death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchial Pneumonia	11-24-32
Dry gangrene left foot & ankle	11-15-32

Other contributory causes of importance:

Hardened arteries sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) W. Alfred Van Bibber M. D.

(Address) 24 agnes Ln

M. D. B. 1268-9

84909

HEALTH DEPARTMENT—CITY OF BALTIMORE

84909

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St. 12-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Harris (Morris)

(a) Residence: No. 311 Princeton Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Mitchell Morris

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Susie ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 11/29 1932

19. UNDERTAKER Samuel T. Hemsley Jr.
(Address) 578 W. Biddle St.

20. Filed ..... 1932 ..... Registrar.

28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from January 5 1932 to November 26 1932

I last saw him alive on November 26 1932 Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	11/1/1931
Intestinal Tuberculosis	9/1/1932
Laryngeal tuberculosis.	3/1/1932
Other contributory causes of importance: Anemia, Secondary	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bennett A. Stearns, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

84910 VE 84910

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Leo St., Wagners Point (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hamilton T. Williams

(a) Residence: No. 3712 Leo St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Margaret A. Williams

6. DATE OF BIRTH (month, day, year) Feb 22nd 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock-Clerk

10. Date deceased last worked at this occupation (month and year) 1925 | 11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Delaney Waterworth

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry E. Crawford
(Address) 1128 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 29th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

NOV 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1932 to Nov 26 1932

I last saw him alive on Nov 26, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Bronchopneumonia	Nov 7 '32
Chronic Myocarditis	

Other contributory causes of importance:

Chronic Myocarditis
Long Standing

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm D. Keller M. D.

(Address) 472 Fallsway

M. D. B. 1268-9

Dr Schenick 1337 S. Charles St.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84911

CERTIFICATE OF DEATH

E 84911

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424 Darley Ave St., 8-15 Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katherine Siegman

(a) Residence: No. 1424 Darley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Siegman

6. DATE OF BIRTH (month, day, year) May 24th 1868

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
64	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Freitag

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minna Lenz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm C. Siegman

(Address) 321 Winston Ave - Govans

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 30th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St

Filed ..... 19..... Registrar.

28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 1932 to Nov 28 1932

I last saw h[illegible] alive on Nov 28 1932. Death is said to have occurred on the date stated above, at 10:5[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystitis	

Other contributory causes of importance: Malignant Papillo - Cystoma

Name of operation Removal of both ovaries Date of [illegible]

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Schenick M. D.

(Address) 1337 S Charles St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84912 E 84912

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Southern Hotel St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sidney D. Cornwell

(a) Residence: No. Hartford Conn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Margaret D Cornwell

6. DATE OF BIRTH (month, day, year) May 23, 1882.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Actuarius Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ? Stillman

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Mr. M. B. Seymour

(Address) 811 Gunter Bldg

18. BURIAL, CREMATION, OR REMOVAL

Place Hartford Conn Date Nov 28 1932

19. UNDERTAKER Mr. Hickey & Sons

(Address) Hartford Conn

28 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1932 to ... 19...

last saw h— alive on Nov. 28 1932 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset Nov. 27

(Recurrent attacks)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry E. Wilson M. D.

(Address) 3 W. Biddle St. Balto.

Spec.—9-30—A. & Co.—250 Bks

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84913

CERTIFICATE OF DEATH.

E 84913

REGISTERED NO. 13-582-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No Home for Incurables St 13 WARD)

2. FULL NAME Mary Emory

(a) RESIDENCE NO. Home for Incurables St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos ds How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) April 30, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	6	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Emory

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Mary Rowe

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Hospital Records
(Address) 4[illegible] Caswise Rd.

15 [illegible] Huntington Williamsville [illegible]

DEC 28 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 27 - 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Nov 29, 1932
that I last saw her alive on Nov 27, 1932
and that death occurred, on the date stated above, at 6 10 p. m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) yrs. mos. 5 hrs

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No Physical Exam
What test confirmed diagnosis?

(Signed) W W B Mayo M. D.
11/27 1932 (Address) Medical Arts Bldg

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem — DATE OF BURIAL: Nov 29 1932

20 UNDERTAKER: W J Tucker, Jr. — ADDRESS: Balto

M. D. B. 1268-9

84914

HEALTH DEPARTMENT—CITY OF BALTIMORE

84914 E

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
CITY OF BALTIMORE: (No. ..... St. 1 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Holewinski

(a) Residence: No. 1226 S. Decker ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 9, 1915

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	16	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employed in 041

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laundry

10. Date deceased last worked at this occupation (month and year) March 10, 1932

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Michael Holewinski

14. BIRTHPLACE (city or town)
(State or country) Poland

15. MAIDEN NAME Mary Spesan

16. BIRTHPLACE (city or town)
(State or country) Poland

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 11/29 19 32

19. UNDERTAKER Father J. Jakowski INC
(Address) 1000 Hanover St Hanover Pl Baltimore, Md.

20. 20103 19 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept. 5 19 32 to Nov. 26 19 32
I last saw her alive on Nov. 26 19 32 Death is said to have occurred on the date stated above, at 6.25 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 10, 1932

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stoeres, M. D.
(Address) Baltimore City Hospitals

Spec.—2-29-28—L. F. S.—500 Bks.

E 84915

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84915

CERTIFICATE OF DEATH

162

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 4430 Forestview Ave ST., (WARD) 26-32

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ferdinand Buddenbohn

(a) RESIDENCE NO. 4430 Forestview Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., If foreign birth? 6 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Buddenbohn

DATE OF BIRTH (month, day, and year) Apr. 23, 1849

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 6 yrs

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Germany

10 NAME OF FATHER Frederick Buddenbohn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Anna Buddenbohn

(Address) 4430 Forestview Ave

28 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27th 6:30 P.M. 1932

17 I HEREBY CERTIFY, That I attended deceased from June 1st, 1929, to Nov 27th, 1932, that I last saw h[illegible] alive on Nov 27th, 1932 and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Infirmities of Age.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. N. Magness, M. D.

11/28, 1932 (Address) 111 E. Read St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lutheran Cemetery	Nov 30 1932
20 UNDERTAKER	ADDRESS
Louis Heuman	321 Broadway

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84916

CERTIFICATE OF DEATH

23 E 84916

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-W Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Franklin

(a) Residence: No. 206 S. Spring st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vivian Franklin

6. DATE OF BIRTH (month, day, year) July 12, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Samuel Franklin

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Mary Macintosh

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 28 1932

19. UNDERTAKER ..... Dossher Bros.
(Address) Huntington Ave Baltimore, Md.

28 1932 ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9 1932 to Nov. 24 1932

I last saw him alive on Nov. 24 1932 Death is said to have occurred on the date stated above, at 10.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 8, 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Stoer M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84917

CERTIFICATE OF DEATH

E 84917

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ryan Shue

(a) Residence: No. County Home Westminster Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wht	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL. 11/4/33
Place University of Md Date Nov 28 1933
Lo. 12 E Fayette

19. UNDERTAKER
(Address)

20. Filed NOV 28 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1933 to Nov. 28 1933

I last saw h[illegible] alive on Nov. 27 1933. Death is said to have occurred on the date stated above, at 6 ~ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
with Hypertension	
Generalized Arteriosclerosis	
Chronic Pulmonary Emphysema	

Other contributory causes of importance:

Senile Gangrene of left foot	
Senile Gangrene of right foot	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. J. Saunders M. D.

(Address) University Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84918

E 84918

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City St. Hosp

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Ackerman

(a) Residence: No. 24 Franklin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? ? 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	50	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 059

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ?
(State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date 11/29 1932

19. UNDERTAKER Sorge & Tarring
(Address) Parkton & Hamilton Sts Baltimore, Md.

28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1931 to Nov 26 1932
last saw him alive on Nov 26 1932 Death is said to have occurred on the date stated above, at 10:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage c Right Hemiplegia	6 yrs
Other contributory causes of importance: Arteriosclerosis - gen	?

Name of operation none Date of —

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Clem Hightower M. D.

(Address) Balto City Hospital

M. D. H. 1268-9

Olszczuk

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84919

E 84919

Registered No. 157

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 S. Chapel Street St., 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanisław Olszczuk

(a) Residence: No. 216 S. Chapel St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER'S MAIDEN NAME

13. NAME Joseph Olszczuk

14. BIRTHPLACE (city or town) Poland
(State or country)

FATHER'S NAME

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Mr. Joseph Olszczuk
(Address) 216 S. Chapel Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 29 . 1932

19. UNDERTAKER John F. Weber
(Address) 401 S. Chester St
Funeral Director Williamsport, Md.

1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 . 1932

22. I HEREBY CERTIFY, That I attended deceased from
. 19 . to . 19
I last saw h alive on . 19 Death is said
to have occurred on the date stated above, at 10 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Malnutrition	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) D. Kenyon M. D.
Coroner

(Address) Williamsport, Md.

M. D. B. 1268-9

(Jarczewski)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84920

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St. 25-75 Ward) 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Wallace Jarczewski

(a) Residence: No. 3803 Lee St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 16 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	17	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Jarczewski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Helen Polanski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Helen Jarczewski

(Address) 3803 Lee Street wagner Point

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 29 1932

19. UNDERTAKER John J. Weber

(Address) 401 S. Chester St

Filed NOV 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-21 1932 to 11-26 1932

I last saw him alive on 11-26 1932 Death is said to have occurred on the date stated above, at 1:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	11-21-32
Peritonitis	11-21-32
Intestinal obstruction	11-22-32

Other contributory causes of importance:

Pediculosis

Intestinal obstruction

Name of operation Appendectomy drainage Date of 11-21-32

What test confirmed diagnosis? operative Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. B. Moore M. D.

(Address) Franklin Sq. Hospital.

M. D. B. 1268-9

E 84921 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. E 84921

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 E. 37th St., 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James C. Barnes.

(a) Residence: No. 714 E. 37th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1931-3-30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

MOTHER FATHER

13. NAME John C. Barnes, Jr.

14. BIRTHPLACE (city or town) Carroll Co. (State or country) Maryland.

15. MAIDEN NAME Virginia B. Young

16. BIRTHPLACE (city or town) Howard Co. (State or country) Maryland.

17. INFORMANT John C. Barnes, Jr. (Address) 714 E. 37th St. Balto.

18. BURIAL, CREMATION, OR REMOVAL. Place Pine Grove Cemetery Date Nov. 29, 1932

19. UNDERTAKER C. M. Noltz (Address) Winfield, Md.

28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1932, to Nov 22 1932

I last saw him alive on Nov 27, 1932. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-14-32

Other contributory causes of importance:

Influenza

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Long, M. D.

(Address) 417 Lansing

M. D. B. 1266-0

84922 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84922

CERTIFICATE OF DEATH

16-6757 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3223 Presstman St. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Isabelle Shipley

(a) Residence: No. 3223 Presstman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Spencer R. Shipley

6. DATE OF BIRTH (month, day, year) 5/27/1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

FATHER

13. NAME Dr. Clarence S. Johnson

14. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

MOTHER

15. MAIDEN NAME Elva R. Benson

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Mr. Spencer R. Shipley
(Address) 3223 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View Cemy. Date 11/29/32 19

19. UNDERTAKER Wm. C. Mitchell & Sons
(Address) 1600 Eutaw Place

Huntington Williams, Jr. Registrar

88 1939 D. H. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1932 to Nov 26 1932

I last saw her alive on Nov 26 1932 Death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis Miliary and ulcerative.	11 yrs.
Secondary anaemia.	11 yrs.
Dry Gangrene L Leg.	2 mo.
Other contributory causes of importance:	
Hypostatic Pneumonia.	10 days
Cardiac decompensation	8 hours

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clarence S. Johnson M. D.

(Address) 806 N. Eutaw St.

AACo. 5-31 250B

84923

HEALTH DEPARTMENT—CITY OF BALTIMORE

84923

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St. 19-26 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Samuel Joseph Johnson

(a) Residence: No. 1319 West Baltimore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of Mamie Johnson
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 18, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Manager
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Jersey

MOTHER FATHER

13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Not Known
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mamie F Johnson
(Address) 1319 W Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 30 1932

19. UNDERTAKER Geo W Settle
(Address) 209 Edmondson Ave

28 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1932, to 11-28, 1932

I last saw h[illegible] alive on 11-28 1932 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Myocardial Degeneration	
Cardiac Decompensation	
& Pulmonary Edema	
Angina Pectoris	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Saul Kuhn, M. D.
(Address) South Baltimore Gen. Hosp.

M. D. B. 1268-9

E84924

HEALTH DEPARTMENT—CITY OF BALTIMORE

E84924

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Ensor St., 9-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 60 yrs. ... mos. ... ds.

2. FULL NAME Anna Maria Nickol

(a) Residence: No. 1315 Ensor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Nickol

6. DATE OF BIRTH (month, day, year) November 25 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schrenker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mr. Andrew E. Nickol

(Address) 1315 Ensor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Nov. 30, 1932

19. UNDERTAKER Henry Ford Sons Inc

(Address) 1301 E. Eager St.

20. FILED NOV 29 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1932 to Nov 27, 1932

I last saw her alive on Nov 26 1932 Death is said to have occurred on the date stated above, at 6.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	
Arteriosclerosis	
Other contributory causes of importance:	
Asthenia	

Name of operation Hospital Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. M. Parker M. D.

(Address) 111 E. Fayette St.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84925

CERTIFICATE OF DEATH

11-09

E 84925

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 Walbrook Ave ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles Wadley Fitzmaurice

(a) RESIDENCE NO. 1820 Walbrook Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Apr 1st 1917

7 AGE: Years 15 | Months 7 | Days 26 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Scholar

(b) General nature of industry, business, or establishment in which employed (or employer): Public

(c) Name of employer: Schools

9 BIRTHPLACE (city or town) Balto (State or country) Md.

10 NAME OF FATHER Chas. E. Fitzmaurice

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md.

12 MAIDEN NAME OF MOTHER Vinnie V. Simmons

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Annie C. Roby

(Address) 1820 Walbrook Ave

15 Filed Nov 28 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 23, 1932 to Nov 26, 1932

that I last saw him alive on Nov. 26, 1932

and that death occurred, on the date stated above, at 11:30 P.m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Acute bronchitis

(Influenza)

(duration) yrs. mos. 14 da.

CONTRIBUTORY (Secondary) Muscular dystrophy

(duration) 8 yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. exam

(Signed) Julius A. Boggs II, M. D.

, 19 (Address) 2229 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: Dec 1st 1932

20 UNDERTAKER: Wm Cook 1217 27 — ADDRESS: Paul St

-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84926

CERTIFICATE OF DEATH

E 84926

REGISTERED NO. 94-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 24-6 WARD)

2-FULL NAME William O. Edmonston

(a) RESIDENCE NO 4415 Kathland Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Mary E. Edmonston

6 DATE OF BIRTH (month, day, and year) Mar 4th 1870

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	62	8	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Manufacturers Representative
(b) General nature of industry, business, or establishment in which employed (or employer) Silverware
(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Frances O. Edmonston

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Jas. W. Edmonston

(Address) 4415 Kathland Ave

15 Filed ..... 192 Registrar

B 1532

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above. 10 a.m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Feller, M. D. Coroner

11/28 1932 (Address) 2139 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Old St. Paul's Church Cemetery Fair Lee Md.

DATE OF BURIAL Nov 28th 1932

20 UNDERTAKER Wm Cook 1217 St Paul St

ADDRESS

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84927.

93-003

E 84927

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH Maryland General Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 11-15 WARD)

2—FULL NAME Anna Mary Freund

(a) RESIDENCE NO. 1307 St Paul ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Freund

6 DATE OF BIRTH (month, day, and year) 7/23/1855

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5 4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H W F

(b) General nature of industry, business, or establishment in which employed (or employer) At Home 037

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER John Lotter

11 BIRTHPLACE OF FATHER (city or town) (State or country) New York

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Hannah Lyons

(Address) 945 Fellow Ave N.Y.

15 [illegible] 28 1932 16 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27. 1932.

17 I HEREBY CERTIFY, That I attended deceased from 11/22/32, 19 32, to 11/27, 19 32, that I last saw her alive on 11/26, 19 32 and that death occurred, on the date stated above, at 2 30 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

Hypertension (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) L. S. Frank, M. D.

, 19 (Address) Mt. Sinai Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hastings On the Hudson NY

DATE OF BURIAL 11-29 19 32

20 UNDERTAKER Wm. Cook

ADDRESS 1217 St Paul

M. D. B. 1268-9

84928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 84928

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St. 8-1 Ward)

Length of residence in city or town where death occurred 28 yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward McDowell

(a) Residence: No. 1852 N. Wolfe St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Single~~ Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma (Willard)

6. DATE OF BIRTH (month, day, year) Aug. 26, 1912

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
20	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. of?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Leroy McDowell

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Elizabeth Keil

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Father Leroy McDowell
(Address) 1852 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem Date 11/30/32

19. UNDERTAKER Percy V. Duffy Inc
(Address) 1234 W. Baltimore St

Huntington Ave Registrar

28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/17, 1932 to 11/27, 1932

I last saw him alive on 11/27, 1932. Death is said to have occurred on the date stated above, at 4:20 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Mesentary	1 p

Other contributory causes of importance:

Name of operation Exploratory Laparotomy 11/20/32

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hospitals

M. D. R. 1268-9

E 84929

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84929

CERTIFICATE OF DEATH

X 131 E 849[illegible]

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 6-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Lacey

(a) Residence: No. 1227 Lakewood Ave, Balto St., ... Ward. Balto & Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 11 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Patrick Lacey

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Anna Cullerton

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Lacey
(Address) 1227 Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Cemetery Date Nov 29, 32

19. UNDERTAKER Chas. S. Frace & Son
(Address) Washington Blvd & Fremont Ave

Nov 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-23, 1932 to 11-26, 1932

I last saw him alive on 11-26 1932 Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1929
Arteriosclerosis	?
Chronic Myocarditis and	
Myocardial Degeneration	1929
Myocardial Insufficiency	Sept. 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Webber Young M. D.

(Address) Church Home & Infirmary

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84930

CERTIFICATE OF DEATH

49 E 84930

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 16-22 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Isabelle Fry (Grey)

(a) Residence: No. 1012 - N. Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W. Cate	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George B. Grey

6. DATE OF BIRTH (month, day, year) Cockeysville

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER FATHER

13. NAME Patrick Maguire

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Cockeysville

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Miss Katherine Gage 1713 W. Northare

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Nov 30 1932

19. UNDERTAKER (Address) Chas. B. Mayer & Son 1111 Druid Park Ave

Huntington Williams, M.D. Registrar.

28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/19, 1932, to 11/27, 1932

I last saw her alive on 11/27 1932 death is said to have occurred on the date stated above, at 8:37 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Aloha H. Crawford M. D.

(Address) Bon Secours Hospital

M. D. B. 1268-5

Emma S. Gormley

84931 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84931

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH: Baltimore City Hospitals
CITY OF BALTIMORE: (No.) Baltimore, Md. St., 15-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma S. Gormley

(a) Residence: No. 2003 Walbrook ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: None
WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 4-10-1853

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	79	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John Gormley
14. BIRTHPLACE (city or town) (State or country): Washington DC

MOTHER

15. MAIDEN NAME: Anna Goldrick
16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Records Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Nov 30, 1932

19. UNDERTAKER: Frank A. Fink
(Address) 115 S. Gay St.

20. FILED Nov 29 1932 Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1932 to 11-27, 1932
I last saw him alive on 11-27, 1932 Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-22-32

Other contributory causes of importance:

Myocarditis chronic	10-14-32

Name of operation: None Date of: —
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 ...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of Injury —
Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
11-28-32 (Signed) Allen Hirshberg M. D.
(Address) Balto City Hospitals

M. D. H. 1265a

84932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 84932

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W. Hamburg St. 23-31 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas. H. Jones

(a) Residence: No. 132 W. Hamburg St, ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Jones

6. DATE OF BIRTH (month, day, year): not known 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry

10. Date deceased last worked at this occupation (month and year): about a year ago

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Chas. Jones

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Matilda

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT (Address): wife, Annie Jones 132 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 29, 1932

19. UNDERTAKER James Rodgers
(Address) 1412 W. Pratt St.

Nov 29 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1932, to Nov. 25, 1932

I last saw him alive on Nov. 24, 1932 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease - mitral insufficiency	about 2 yrs. ago

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Symptoms and symptoms. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) L. F. Hammond M. D.

(Address) 3319 Tivoli Parkway

Spec.—2-29-28—L. F. S.—500 Bks.

E 84933

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84933

CERTIFICATE OF DEATH

REGISTERED NO. 108

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 941 S Sharp St (WARD) 23-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida S. Laws

(a) RESIDENCE NO. 941 S. Sharp St WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced, HUSBAND of (or) WIFE of: David Laws

6 DATE OF BIRTH (month, day, and year): 1870

7 AGE: Years 62 | Months — | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: William Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emily Lovick

13 BIRTHPLACE OF MOTHER (city or town) (State or country): —

PARENTS

14 Informant: David Laws

(Address): 941 S Sharp

15 NOV 29 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 27-1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 21 1932 to Nov 27 1932

that I last saw h[illegible] alive on Nov 27 1932

and that death occurred, on the date stated above, at 4.15 m.

The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & signs

(Signed) H. S. Hamrick M. D.

. 19 (Address) 150 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn

DATE OF BURIAL: Nov 30 19 32

20 UNDERTAKER: James A Stamper

ADDRESS: 1142 Pennsylvania Ave

M.&H. H. 1268-0

84934 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84934

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital — Registered No. 107-001

CITY OF BALTIMORE: (No. 7 Fayette & Calhoun Sts. 8th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Mitchell

(a) Residence: No. 1715 E. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) March 5, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George R. Mitchell

14. BIRTHPLACE (city or town) --- (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary C. Strahler

16. BIRTHPLACE (city or town) --- (State or country) Germany

17. INFORMANT Louis I. Mitchell (Address) 1042 Greenmount Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date 11/30, 1932

19. UNDERTAKER Harry U. Mears & Son (Address) 509 W. Saratoga St. Baltimore, Md.

20. FILED NOV 29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-26, 1932, to 11-27, 1932

I last saw h. alive on 11-27, 1932. Death is said to have occurred on the date stated above, at 5:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Bronchopneumonia of about 1 week's duration	

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Morris B. Schreiber, M. D.

(Address) Franklin Square Hospital

M. D. H. 1268-9

84935 HEALTH DEPARTMENT—CITY OF BALTIMORE 84935

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 749

CITY OF BALTIMORE: (No. 749 E. Preston St. 10-14 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles M. Pinning

(a) Residence: No. 749 E. Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 23/1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5 8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Veteran, 86

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John H. Pinning

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Anna B. Evans

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT John H. Pinning

(Address) 749 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Reisterstown Cemy Date Mar 30 1932

19. UNDERTAKER Henry Hoech Sons Inc

(Address) 1201 E Fayette St

FILED MAR 29 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 27/32 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

"History" of Nephritis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Haines Coroner, M. D.

(Address) 505 E. Lexington

M. D. R. 1268-9

84936

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84936

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 E. Biddle St. 8-12 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine L. Enwright

(a) Residence: No. 2410 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of late Jno Enwright

6. DATE OF BIRTH (month, day, year) Apr 15 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Lewis E. Busick

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Harry McKewen (Address) 2410 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Cem Date Nov. 30 1932

19. UNDERTAKER Philip Herring (Address) 506 Eden St

Nov 29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1931 to Nov 27 1932

I last saw h Er alive on Nov 27 1932 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema of Lungs	Nov 27
Myocardial Insufficiency	Nov 24

Other contributory causes of importance:

Name of operation Physical Signs Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Koerner M. D.

(Address) 1301 N. Eutaw St

M. D. B. 1268-9

E 84937 HEALTH DEPARTMENT—CITY OF BALTIMORE E84937

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 E Chase St., 7-11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. McKeuren

(a) Residence: No. 711 N. Linwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas McKeuren

6. DATE OF BIRTH (month, day, year): June 15/1849

7. AGE: Years 83 | Months 5 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Alexander Thompson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Susan - -

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Wm A McKeuren

(Address): 711 N. Linwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Carmel Date: Nov 29, 1932

19. UNDERTAKER: Philip Power

(Address): 2016 Fleet St

NOV 29 1932 FILED, 19, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sep 14, 1932, to Nov 26, 1932

I last saw her alive on Nov 25, 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Chr. Nephritis (Interstitial)	6 mos
Other contributory causes of importance:	
Old age.	

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter W. White Jr., M. D.

(Address) 2800 St Paul St

M. D. B. 1265-9

E 84938 HEALTH DEPARTMENT—CITY OF BALTIMORE R 84938

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1929 E. Jefferson St. (6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis X. Schmidt

(a) Residence: No. 1929 E. Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate Schmidt

6. DATE OF BIRTH (month, day, year) July 9/1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. O. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John Schmidt

14. BIRTHPLACE (city or town) (State or country) Ger.

MOTHER

15. MAIDEN NAME Elizabeth —

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT (Address) Kate Schmidt 1929 E. Jefferson st

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date NOV. 30/32 19

19. UNDERTAKER (Address) Philip Herwig 2041 Orleans St

NOV 29 1932 Huntington Preliminary H.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 27/32 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 19 32 to Nov. 27 19 32

I last saw h alive on Nov. 26 19 32 Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobular Left Lung	1932

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Beach M. D.

(Address) 936 Monument st

Spec.—2-29-28—L. F. S.—500 Bks.

84939

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84939

139-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1037 W. Fayette ST. 18-26 WARD)

2—FULL NAME Marion Kimball

(a) RESIDENCE NO. 1037 W. Fayette St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. 6 mos. 29 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 4/27/1915

7 AGE — Years: 17 — Months: 6 — Days: 29 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Girl

(b) General nature of industry, business, or establishment in which employed (or employer): School Girl

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland.

PARENTS

10 NAME OF FATHER Charles Kimball

11 BIRTHPLACE OF FATHER (city or town) Italy
(State or country) Italy

12 MAIDEN NAME OF MOTHER Mattie Smathers

13 BIRTHPLACE OF MOTHER (city or town) Annapolis
(State or country) Md.

14 Informant Mother.
(Address) 1037 W. Fayette St.

15 Filed Nov 29 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/26/32.

17 I HEREBY CERTIFY, That I attended deceased from Nov. 19th, 1932, to Nov 26th, 1932, that I last saw her alive on Nov. 25th, 1932, and that death occurred, on the date stated above, at 1.30 P.M.

The CAUSE OF DEATH* was as follows:

General Peritonitis.

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Pelvic Abscess.

(duration) yrs. mos. 15 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical Examination

(Signed) J. T. Gunn, M. D.

19 (Address) 622 N. Arlington Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary, Brooklyn, Md. — DATE OF BURIAL: Nov 29, 1932

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS 322 N. Broadway St.

M. D. R. 1268-9

E 84940 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84940

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hosp St. 15-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Mrs. Jenne Shapiro Hurwitz

(a) Residence: No. 2801 Rockrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race Wh | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) 2-20-1871

7. AGE: Years 61 | Months 9 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Seeps

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rakow

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Edward Nusen

(Address) 2801 Rockrose Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forrestdale Date 11-29-32, 19

19. UNDERTAKER Jack Levin & Co

(Address) 1932 E. Baltimore St.

20. FILED NOV 30 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-27, 1932, to 11-28, 1932

I last saw her alive on 11-28, 1932 Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Terminal Pneumonia

Cerebral Hemorrhage

Other contributory causes of importance:

Diabetes Mellitus

Chronic Cerebral Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Alfred Warren M. D.

(Address) St Agnes Hos

M. D. B. 1208-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84941

E 84941

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 17 25 (Alley)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susie Goodman

(a) Residence: No. 608 Bradley St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clayfield Goodman

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME George Payne

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Washington

(Address) 611 Bradley St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11/30/32

19. UNDERTAKER Isaac L. Brown & Son

(Address) 108 W Montgomery St

Huntington W. Va.

11/29 19 32

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to laceration of vestibule

Date of onset

Other contributory causes of importance:

Acute Alcoholism

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/27 19 32

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Cut self on bucket

Nature of injury Laceration of vestibule

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Eugene Zeller, M. D.
Coroner

(Address) 1739 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

E 84942 HEALTH DEPARTMENT—CITY OF BALTIMORE 131 **E 84942**

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. .....

CITY OF BALTIMORE: (No. 541 wHoffmant ST. 17-24 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Alexander Hall

(a) RESIDENCE NO. 541 wHoffman ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widowed.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louzia Hall.

6 DATE OF BIRTH (month, day, and year) Sept 9, 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	75	2	18 17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman. 62

(b) General nature of industry, business, or establishment in which employed (or employer) — —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Carroll Co md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Sillie Hall

(Address) 541 W. Hoffman St

15 11/29/1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 26, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1932 to Nov. 26, 1932

that I last saw him alive on Nov. 26, 1932

and that death occurred, on the date stated above, at 9-55 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Nephritis (Interstitial)

Dont know (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. White M. D.

, 19 (Address) 1021 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Nov. 29 1932

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Presstman St.

M. D. B. 1268-9

84943

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84943

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave St., 16-23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David R. Stephens

(a) Residence: No. W. Aged, men & women's Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year): June 20 - 47

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME David R. Stephens

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Matron

(Address) Aged men & women Home

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 11/30 1932

19. UNDERTAKER Samuel T. Hemsley

(Address) 578 W Biddle St

20. FILED 1932 Registrar Wilbert [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1932

22. I HEREBY CERTIFY, That I attended deceased from May 4 1932 to Nov. 27 — 1932

I last saw h[illegible] alive on Nov. 27 1932 Death is said to have occurred on the date stated above, at 2:38 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Old age.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Edward L. Heatley M. D.

(Address) 1230 Druid Park Ave

Spec.—1-12-23—M&T—500 Blks.

E 84944 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84944

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. 15-61

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Fair View ave ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Barney Levy.

(a) RESIDENCE NO. 3608 Fair View ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6 DATE OF BIRTH (month, day, and year) 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Abraham Levy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Shomie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Mrs D Levy

(Address) 3608 Fair View ave

15 Filed NOV 29 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1932

17

I HEREBY CERTIFY, That I attended deceased from Nov 25 1932 to Nov 28 1932,

that I last saw him alive on Nov 28 1932,

and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 1 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph Hirsch, M. D.

, 19 (Address) 2419 Reisterstown Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hebrew Southern ave

DATE OF BURIAL Nov 29 1932

20 UNDERTAKER L Lennon Bro

ADDRESS 1127 E Balto St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84945

CERTIFICATE OF DEATH

108

E 84945

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1023 W Lanvale (St.) 16-23 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edw L Baynham

(a) Residence: No. 1023 W Lanvale (Usual place of abode) Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9 1932

7. AGE: Years | Months 2 | Days 20 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Daniel L. Baynham

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lovinia Wood

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Lovinia Baynham (Address) 23 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cem Date Nov 30, 1932

19. UNDERTAKER Joseph A. Lively (Address) 402 N. Mount Street

NOV 29 1932

21. Washington Ville

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on Nov 27, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
4 days	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Luck M. D.

Coroner

(Address)

M. D. B. 1268-9

E 84946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 E 84946

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 Auchentoroly Terrace St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ELLA GERTRUDE MASTERMAN

(a) Residence: No. 3110 Auchentoroly Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Theodore Masterman

6. DATE OF BIRTH (month, day, year): Oct 2 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Amos

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Louise Waters

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mr. Theodore J. Masterman
(Address) 3110 Auchentoroly Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Cemetery Date: Dec 1 1932

19. UNDERTAKER: Chas. H. Wade & Son
(Address) 1130 N. Eutaw St.

20. FILED NOV 29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/8/ 1931, to Nov 26 1932

I last saw her alive on Nov 26 1932 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Arterio Sclerosis	

Other contributory causes of importance: Diabetes (Medicine) Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. ...

(Signature) Chas. P. Creedon M. D.
(Address) 2923 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 84947 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 46 E 84947

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3221 Noble Street St. 26-11 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FRANK N. SEIDL

(a) Residence: No. 3221 Noble Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lydia V. Seidl

6. DATE OF BIRTH (month, day, year) June 22, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C61

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Joseph Seidl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. R. F. Babcock

(Address) 27 North East Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Dec 1 1932

19. UNDERTAKER Chas. F. Swanston

(Address) Mount Royal Ave

20. FILED NOV 29 1932 Hester Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1932, to Nov. 27, 1932.

I last saw him alive on Nov. 27 1932 death is said to have occurred on the date stated above, at 10 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver	?
Other contributory causes of importance:	

Name of operation None. Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? NONE. Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

Cor.—10-10-29—A Co.—100 Blks.

84948

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84948

CERTIFICATE OF DEATH

107-001

1-PLACE OF DEATH

City of Baltimore: (No. 2534 Fait Ave St., 1-3 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Beradine Danielczyk

(a) RESIDENCE NO. 2534 Fait Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): ✓

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 19 1929

7 AGE: Years | Months: 3 | Days: 9 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town): Balto
(State or country): Md.

PARENTS

10 NAME OF FATHER: James Danielczyk

11 BIRTHPLACE OF FATHER (city or town): Balto
(State or country): Md.

12 MAIDEN NAME OF MOTHER: Julia Kowalski

13 BIRTHPLACE OF MOTHER (city or town): Balto
(State or country): Md.

14 Informant: Julia Danielczyk
(Address): 2534 Fait Ave

NOV 29 1932

Huntington Ave

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. Edmunds, M. D.

, 19 (Address) 1305 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sacred Heart of Mary Cem	Nov. 29 1932
20 UNDERTAKER	ADDRESS
Fletcher D. Falkowski	1105 Wood Ave

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84949

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84949

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 707-001

CITY OF BALTIMORE: (No. Balto Md St. 15-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Alma Clark

(a) Residence: No. 909 Boyd St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 29 1932

19. UNDERTAKER .....
(Address) .....

Huntington Williams, M.D.
Registrar.

29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-6-1928 to 11-26-1932

I last saw h[illegible] alive on 11-26-1932 Death is said to have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ..... none

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry Goldman M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84950

CERTIFICATE OF DEATH

'34 E 84850

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Baltimore, Md. St., 2-4 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Cegelski

(a) Residence: No. 413 S. Washington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 2-8-90

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tug Boat

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Firemen

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Martin Cegelski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Victoria .....

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Cecelia .....

(Address) Baltimore City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place St. STANISLAUS CEMETERY Date DECEMBER 1, 1932

19. UNDERTAKER George A. Weber

(Address) 739 S. Ann Street

20. Filed 12-5-1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-12-, 1930 to 11-28, 1932

I last saw h. alive on 11-28-, 1932 Death is said to have occurred on the date stated above, at 6 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-28-32
& Arteria Sclerosis	

Other contributory causes of importance:

Cerebral Arteria Sclerosis	2
& Tumor	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry Goldsmith M. D.

(Address) Baltimore City Hospitals

M. D. R. 1268-9

84951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-E 84961

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Joseph Nawrocki

(a) Residence: No. 1428 Bank St. St., E. S. R. Ward. E. S. R.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employed by Chevrolet

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motor Car Company

10. Date deceased last worked at this occupation (month and year) Nov

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wicenty Nawrocki.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Lillian Popowska.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Lottie Pietrowicz
(Address) 1604 Shakespeare

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date Dec 3rd. 1932

19. UNDERTAKER Geo. A. Weber
(Address) 725 Lanvale St.

20. FILED DEC 2 1932 Huntington Wilson, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1932 to Nov 29 1932

I last saw h[illegible] alive on Nov 29, 1932 Death is said to have occurred on the date stated above, at 12:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Perforated Gastric ulcer	Nov 28, 32
Secondary Bronchopneumonia	Nov 28, 32

Other contributory causes of importance:

Name of operation Exploratory laparotomy Date of Nov 28 32

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

OCCUPATION IS VERY IMPORTANT. See INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-9

84952

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84952

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St. 16-3[illegible] Ward)

Length of residence in city or town where death occurred 25- yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Coates

(a) Residence: No. 825 N. Gilmore St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie ?

6. DATE OF BIRTH (month, day, year) Apr 20 ?[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	?	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

FATHER

13. NAME Washington Coates

14. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

MOTHER

15. MAIDEN NAME Martha Coates

16. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 4/32

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-17 1932 to 11-26 1932

I last saw him alive on 11-26 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-16-32

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation None. Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-28-32 (Signed) Alice Hilberg M. D.

(Address) Balto. City Hospitals

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84953

CERTIFICATE OF DEATH

V 131 E 84953

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 W. Lafayette Ave. 16 Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Turner (Howard)

(a) Residence: No. 1439 W. Lafayette St., 16 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Steward Howard

6. DATE OF BIRTH (month, day, year) May 25, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Delta, Pa.

FATHER

13. NAME Moses Fletcher

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Emma Tillman

16. BIRTHPLACE (city or town) (State or country) Delta, Pa.

17. INFORMANT John Turner
(Address) 1439 W. Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 11/30 '32

19. UNDERTAKER Jesse Easter
(Address) 916 Pa. Ave.

20. FILED 11/29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28/ , 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/11/32 , 1932, to 11/28/ , 1932.

I last saw her alive on 11/28/ , 1932. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	11/1/32
Acute Cardiac Dilatation	11/25/32
Confluent Hypostasis	11/26/32
Other contributory causes of importance:	
Un Paren Thymatus Necrosis	9/11/32

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. M. Bishop, M. D.

(Address) 709 Hart

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84954

E 84954

CERTIFICATE OF DEATH

Registered No. V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Goings

(a) Residence: No. 1136 Whatcoat St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Easter Goings

6. DATE OF BIRTH (month, day, year) ? ? 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex County Virginia

FATHER

13. NAME John Holmes

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Rachael ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bonlevard Wks Cem Date 12/21/32

19. UNDERTAKER Edward Lawton
(Address) 736 Pennsylvania Ave

20. FILED 12/21/1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1932 to Nov 26, 1932

I last saw her alive on Nov 26, 1932 Death is said to have occurred on the date stated above, at 7:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - cerebral	?
Arteriosclerosis - general	?
Hemorrhage cerebral	Nov. 20 1932

Other contributory causes of importance:

Hypertension - secondary	?

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Alice Hightower M. D.

(Address) Balto City Hospitals

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

A&Co. 5-31 250B

E 84955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 E 84955

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3849 Wilkens Ave. St. 25-26 Ward)

Length of residence in city or town where death occurred 51 yrs. 5 mos. 25 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth G. Kesmodel.

(a) Residence: No. 3849 Wilkens Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Kesmodel

6. DATE OF BIRTH (month, day, year) June 2nd. 1881.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Warnick.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rosanna Dinsmore.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Miss May Kesmodel.
(Address) 3849 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 30- 1932.

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.

Huntington Village, Md.
Registrar.

11/29 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1931 to Nov 27, 1932

I last saw h... alive on Nov 26 1932 death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus -	
Long Drainage	
Exhaustion	
Manual Dilation	
Other contributory causes of importance:	
Nephritis, Chronic	
Sclerosis, Arteriosclerosis, Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James P. Lazenby M. D.

(Address) 720 Park Ave

M. D. B. 1268-9

E 84956 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84956

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Rear of 540 N. Eden St. 5-K (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Blizzard

(a) Residence: No. 540 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow ?

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)			
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 55-60	yrs.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-D

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Probably Balto., Md.
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) "
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) .....
(State or country)

17. INFORMANT N. E. Police Dist.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date Nov 29, 1932

Place Public Cemetery

19. UNDERTAKER Undertaker [illegible]
(Address)

FILED 29 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Nov 24/32~~ Nov 24/32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ... Death is said to have occurred on the date stated above, at ????m

I last saw h alive on ..... 19 ...

The principal cause of death and related causes of importance were as follows:

Probably Cardiac-nephritic Disease

(Found dead in her bed Nov 28/32

Date of onset

Other contributory causes of importance:

Reported to be a chronic alcoholic

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John H. Weaver M. D.
Coroner

(Address) 508 E. Monument

M. D. B 1268-9

84957

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84957

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

Registered No. 26-42

CITY OF BALTIMORE: (No. West Balto. General Hosp. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles P. Emrhein.

(a) Residence: No. 4301 Parkmont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Emrhein.

6. DATE OF BIRTH (month, day, year) Jan 15-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. Clothes Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Joseph Emrhein.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Charles S. Emrhein. (Son)
(Address) 4309 Mary Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Nov. 30 1932

19. UNDERTAKER Lilly & Ziler Inc.
(Address) 406 S. Paca St.

29 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1932. I last saw h alive on Nov. 27 1932. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis — Sudden
Failure

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Funk M. D.
Coroner

(Address)

A&Co. 5-31 250B

E 84958

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84958

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Potomac St., 6-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel W. Jewell

(a) Residence: No. 126 N. Potomac St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Galloway Jewell

6. DATE OF BIRTH (month, day, year) Nov 8, 1860

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or... min.
72		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER

13. NAME Charles Jewell

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

MOTHER

15. MAIDEN NAME Sarah E Pippen

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Sarah E. Dyer
(Address) 126 N. Potomac

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 30 1932

19. UNDERTAKER Frank V. Pipitone
(Address) 2518 E. Baltimore St.
Huntington Midwood, N.Y.

Nov 29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 32, to Nov 28, 32
last saw h[illegible] alive on Nov 28, 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	
Hypertension	
Chronic Endocarditis Myocarditis	
Other contributory causes of importance:	

Name of operation no Date of

What test confirmed diagnosis? Clin was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) 2530 E. Balto

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84959

CERTIFICATE OF DEATH

✓ 176

E 84959

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lee Chunk Home and Infirmary 2nd Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ellen de Lewenhaupt

(a) Residence: No. Cecil Apts., Baltimore Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. de Lewenhaupt.

6. DATE OF BIRTH (month, day, year) June 3 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lecturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington, Delaware

FATHER

13. NAME Thos. F. Bayard Sr.

14. BIRTHPLACE (city or town) (State or country) Wilmington, Delaware

MOTHER

15. MAIDEN NAME Louise Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Thos. F. Bayard

(Address) Wilmington Delaware

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington Del. Date Dec 1 1932

19. UNDERTAKER Geo. H. Jenkins Co.

(Address) Cor. Eutaw & Hoffman Sts.

20. FILED Nov 29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29. 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 25 1932 to 11 29 1932

I last saw h[illegible] alive on 11-29- 1932. Death is said to have occurred on the date stated above, at 6:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis, acute suppurative.	10/27
Cholelithiasis	10 27
Other contributory causes of importance: Myocarditis, chronic with Myocardial failure	11 24

Name of operation Cholecystotomy Date of 11/3 32

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard C. Cumming, M. D.

(Address) Lee Chunk Home and Infirmary

OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-H 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84960

CERTIFICATE OF DEATH

36 E 84960

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Forrest View Ave. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernice Thawley Hindman

(a) Residence: No. 4300 Forrest View ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16th 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
10	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William H. T. Hindman

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Minnie E. Eisel

16. BIRTHPLACE (city or town) Balto.
(State or country) Maryland

17. INFORMANT William H. T. Hindman
(Address) 4300 Forrest View Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Nov 30 1932

19. UNDERTAKER Frederick Sargent & Sons
(Address) 7401 Main Road

29 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to Nov 27, 1932

Last saw he alive on Nov 27, 1932 death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	July 1932
Endocarditis	July 1932

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ..., M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 84961

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84961

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 Wheeler Ave. St. 20-64 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William E. Brooks

(a) Residence: No. 33 Wheeler Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lilly Brooks (nee Hoerken)

6. DATE OF BIRTH (month, day, year) Sept. 10, 1900.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Welder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3'

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Brooks

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Lilly Brooks

(Address) 33 Wheeler Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/1/32

19. UNDERTAKER Geo. A. Tuttle

(Address) 4101 Eastern Ave.

20. FILED 12 1932 # 0810

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1932 to Nov 28, 1932

I last saw h.. alive on Nov 28, 1932. Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11/24

Other contributory causes of importance:

Acute tonsilitis	
Intestation	11/27

Name of operation None Date of

What test confirmed diagnosis Chemical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Muller M. D.

(Address) 2030 Wilkens Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84962 E 84962

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. 22-69

CITY OF BALTIMORE: (No. 2550 Boyd St. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie A. Lehneis

(a) Residence: No. 2550 Boyd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late George Lehneis

6. DATE OF BIRTH (month, day, year) July 27, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Arnold

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christian W. Lehneis

(Address) 617 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 2, 1932

19. UNDERTAKER Harry A. Cutter

(Address) 4101 Edmondson Ave.

20. FILED Dec 2 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1932, to Nov. 28, 1932

I last saw her alive on Nov 27, 1932. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Heart Trouble

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Harry Goldberg M. D.

(Address) 2210 Eutaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

84963 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84963

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles M. Forney

(a) Residence: No. 2025 E Hoffman St Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
BUSBAND of ✓
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 7, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Robert E Forney

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Lottie E Merchant

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Robert E Forney
(Address) 2025 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Lem Date 12/2/32

19. UNDERTAKER Harry H Bartyla
(Address) 4107 Eastern Ave Huntington Ave Baltimore Md

19..... Registrar.

V 29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19.. to ....., 19..

I last saw h.. alive on Injury, 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Depressed fracture of skull

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11/28, 1932

Where did injury occur Washington nr. Canal St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury struck by auto while

Nature of injury playing on street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny M.D. M. D.
Coroner

(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 84964

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84964

CERTIFICATE OF DEATH

117-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 East Hoffman 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William S. Everhart

(a) Residence: No. 2012 East Hoffman St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Sarah V. Everhart

6. DATE OF BIRTH (month, day, year): Dec 11 1856

7. AGE — Years: 75 | Months: 11 | Days: 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Western Md. R.R.

10. Date deceased last worked at this occupation (month and year): 3

11. Total time (years) spent in this occupation: 13

12. BIRTHPLACE (city or town) (State or country): Loudon Co Virginia

FATHER

13. NAME: Daniel Everhart

14. BIRTHPLACE (city or town) (State or country): Loudon Co Virginia

MOTHER

15. MAIDEN NAME: Ann E. Fry

16. BIRTHPLACE (city or town) (State or country): Loudon Co Virginia

17. INFORMANT: Sarah V Everhart
(Address) 2012 East Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place: Moreland Park Date: Dec 1st 1932

19. UNDERTAKER: William Cook
(Address) 1217 St Paul Street

CERTIFIED: Huntington Williams M.D. C.M.C. R.P.H.

NOV 29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 28 1932

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1928 to November 28, 1932

I last saw him alive on November 2d, 1932. Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Chronic Hypertension	12/26/28

Other contributory causes of importance:

Ulcer of Stomach Perforation	6/10/32

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert F. Simpson M. D.

(Address) 623 E. Fayette St.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84965

CERTIFICATE OF DEATH

E 84965

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3341 Windsor Ave (St.) (Ward) 45-61

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Cecelia Tucker

(a) Residence: No. 3341 Windsor Ave, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Charles L. Tucker

6. DATE OF BIRTH (month, day, year) March 7th 1865

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
67	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Queen Anne Co Md

FATHER

13. NAME Joseph T. Kendall

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Knotts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Nettie Kendall

(Address) 3341 Windsor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 30th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Baltimore, Md.

20. FILED 29 1932 19... C. A. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from 1920 ... to Nov. 28th 1932

I last saw her alive on Nov. 28th 1932 Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

Intracapsular fracture of neck of right femur at 61 yrs. of age. Bed ridden since about that time due in large measure to "stroke" of paralysis following in same year.

Date of onset .....

Other contributory causes of importance:

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 1926

Where did injury occur? At 207 N. Carey St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Party fell

Nature of injury Intracaps. fract. of right fem.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify X

(Signed) O. A. Hoffman, M. D.

(Address) 2500 Garrison Blvd.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84966 E 84966

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 3403 Lynchester Rd. St., 15 (Ward)

Registered No. 165

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Pingree

(a) Residence: No. 3403 Lynchester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmle

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clark Pingree

6. DATE OF BIRTH (month, day, year): Nov 24 1883

7. AGE: Years 43 | Months — | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Elmer Hulseman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Uykendall

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Clark Pingree

(Address): 3403 Lynchester

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Nov 30 1932

19. UNDERTAKER: Harry A Armacost & Son

(Address) 1120 Pennsylvania Ave, Baltimore, Md.

29 1932 19 B. P. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 28 32

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Suicide Strangulation by Hanging.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Were any autopsy findings?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, homicide? Injury Nov 28 1932

Where did injury occur? 3403 Lynchester (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Hanging.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. C. Luik, M. D.

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Blks.

E 84967

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84967

CERTIFICATE OF DEATH

107-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2001 Park Ave ST. 13-70 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary H. Price

(a) RESIDENCE NO. 2001 Park Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Eldridge C. Price

6 DATE OF BIRTH (month, day, and year) Sept. 3 1854

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Delaware

PARENTS

10 NAME OF FATHER William Ferris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Delaware

12 MAIDEN NAME OF MOTHER Mary Hothnald

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Delaware

14 Informant Mrs. Chas P Blackburn

(Address) 109 E. Melrose Ave

15 Filed —, 19— Registrar

10 30 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29. 1932

17

I HEREBY CERTIFY, That I attended deceased from June 11- 1930, to Nov. 29- 1932,

that I last saw h[illegible] alive on Nov. 28- 1932

and that death occurred, on the date stated above, at 8:15 a. m.

The CAUSE OF DEATH* was as follows:

Broncho. Pneumonia - Nov. 23-32

Laryngitis, Bronchitis - Nov. 20-32

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis - 1917

Arthritis deformans - 1914

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam.

(Signed) J. Brad Bruner, M. D.

11/30, 1932 (Address) 212 S. Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Ave	Dec. 1 1932

20 UNDERTAKER	ADDRESS
Chas. E. Franck	802 Madison Ave

Important. See instructions on back of certificates.

M. D. B. 1268-9

84968 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84968

CERTIFICATE OF DEATH

1. PLACE OF DEATH Levindale — Registered No. 97

CITY OF BALTIMORE: (No. ... St., 27-54 ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Finaberg

(a) Residence: No. Belvedere & Greenspring Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jacob

6. DATE OF BIRTH (month, day, year): 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 7 Yrs

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Nathan Finaberg

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Harry Finaberg
(Address) 3419 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rodeph Shalom Cem Date Nov 30, 1932

19. UNDERTAKER: S. Levinson Bro
(Address) 1126 W. North Ave

20. FILED 30 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1932 to Nov 29, 1932

I last saw her alive on Nov 29, 1932. Death is said to have occurred on the date stated above, at 12 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Secondary Anemia	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Edmund Levin, M. D.

(Address) Levindale.

OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 84969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84969

+ √82-001

REGISTERED NO. 1931

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Franklin Square Hospital (Ward)

2-FULL NAME Ralph V. Brotchie

(a) RESIDENCE NO. 222 Farragut St., Ward Washington D.C.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Grace A.

6 DATE OF BIRTH (month, day, and year) April 3, 1892

7 AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	40	7	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman for Real Estate firm
(b) General nature of industry, business, or establishment in which employed (or employer) H. G. Smithy Co.
(c) Name of employer

9 BIRTHPLACE (city or town) Iowa
(State or country)

PARENTS

10 NAME OF FATHER David Brotchie

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Scotland

12 MAIDEN NAME OF MOTHER Mabel Lewis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Iowa

14 Informant Mrs. Ralph V. Brotchie
(Address) 222 Farragut St.

15 Filed ... 19... Registrar

NOV 30 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) Unknown

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Bostwell M. D.

Nov. 30. 1932 (Address) 703 Talbot Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Washington D C	Nov 30 1932
20 UNDERTAKER John O Mitchell & Son	ADDRESS 1900 Eastern Ave

Balto

GKG.

Use blank be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Lanehart

E 84970 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84970

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 330 S. Fulton Av St. 19-28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dora Lanehart

(a) Residence: No. 330 S. Fulton Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Lanehart.

6. DATE OF BIRTH (month, day, year) Feb 5th 1872

7. AGE: 60 Years | Months 9 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas Wall

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ellen Lewis

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Dora Lanehart

(Address) 330 S. Fulton Av

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 11/30/32

19. UNDERTAKER F. B. Kuppuch & Sons

(Address) 5311 Eastern Ave

NOV 30 1932 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27/32

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1932 to Nov 27 1932

I last saw h.. alive on Nov 27 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.,

The principal cause of death and related causes of importance were as follows:

Cardiac Hypertension — Date of onset 4/27/32

Other contributory causes of importance: Valvular Heart disease, Arterio Sclerosis & Diabetes — 2/1/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Hamilton Cain M. D.

(Address) 6 E. Lanvale St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1261-A

84971

Eberlein

HEALTH DEPARTMENT—CITY OF BALTIMORE E 84971

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 S. Bentalou St. W-64 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth 56 yrs. mos. ds.

2. FULL NAME Paul Eberlein

(a) Residence: No. 523 S. Bentalou St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosamunde Eberlein

6. DATE OF BIRTH (month, day, year) Jul 23-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Peter Eberlein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaretha Meisel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Louise Schuchardt

(Address) 523 S Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/31 19 32

19. UNDERTAKER F. B. Pregnut

(Address) 1650 W. Baltimore St

20. FILED 10 Huntington Hillman Registrar

11/28/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/28/ 32

22. I HEREBY CERTIFY, That I attended deceased from 10-24 19 32 to 11-28- 19 32

I last saw h alive on 11-27 19 32 Death is said to have occurred on the date stated above, at 1245 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2
Arteriosclerosis —	
Chronic Valvular Heart Disease	
Mitral Stenosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Keller Dunning M. D.

(Address) 2000 Hollins

11/29/32

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

07.30.1932

M. D. B. 1268-9

E 84972 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84972

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1933 N. Collington Ave St., 8-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Daniel Murphy

(a) Residence: No. 1933 N. Collington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 4/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Medford P. Murphy

14. BIRTHPLACE (city or town) (State or country) St. Michaels, Md.

MOTHER

15. MAIDEN NAME Ogreta V. Waldsmith

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Medford P. Murphy
(Address) 1933 N. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Nov 30 19 32

19. UNDERTAKER [illegible]
Address 225 N. Eutaw

20. SIGNED [illegible] Hunting Ridge, Md.
Registrar.

V 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.
Coroner

(Address) 506 E Lombard

OCCUPATION is very important. See instructions on back of certificate.

M: D. B. 1268-9

E 84973

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84973

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2018 E. Fayette St. St., 20-77 Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Greenberg

(a) Residence: No. 2018 E Fayette St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Greenberg

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis Inc

(Address) 1439 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mt Carmel Date 11-30, 1932

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E Balto St

20. FILED NOV 30 1932, 19... [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30th, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1932 to November 29, 1932

I last saw h[illegible] alive on November 30, 1932 Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Dec 1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Joseph Lauller M. D.

(Address) 2348 Eutaw Place

M. D. B. 1268-9

E 84974

Dr Freedom Fayette & Exeter 10 A.M. - 91 E Fayette

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84974

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 Light St. Ward) 23-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 20 yrs. ..... mos. ..... ds.

2. FULL NAME Anna Singer

(a) Residence: No. 1605 Light St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Eli Singer

6. DATE OF BIRTH (month, day, year): 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: David Miller

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Eli Singer

(Address) 723 Eager at

18. BURIAL, CREMATION, OR REMOVAL

Place Levering Mem. Date 11-30, 193

19. UNDERTAKER: [illegible]

(Address) 1431 E. Eager St.

20. FILED 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Nov. 29, 1932

I last saw h[illegible] alive on ..... 19 .... Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. J. Freedman M. D.

(Address) 918 E. Fayette

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

84975

E 84975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St., 5-9 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myra Reed

(a) Residence: No. 1405 E Fairmont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married / widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Reed

6. DATE OF BIRTH (month, day, year) June 7, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 08

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Albert Foster

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md

MOTHER

15. MAIDEN NAME Sarah Carr

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Record Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date Dec 1 1932

19. UNDERTAKER Joseph A Lucky

(Address) 1418 Mount Street

20. FILED 12-1-1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-27 1932 to 11-28 1932

I last saw her alive on 11-28 1932 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	11-20-32

Other contributory causes of importance:

none

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-29-32 Signed [illegible] M.D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84976

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84976

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Letitia Ave. 25-72 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Burg.

(a) Residence: No. 1917 Letitia Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Agatha Weil.

6. DATE OF BIRTH (month, day, year): April 10 1872

7. AGE: Years 60 | Months 8 7 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture Store

10. Date deceased last worked at this occupation (month, day, year): 11/27/32

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Hungary

FATHER

13. NAME: Michael Burg

14. BIRTHPLACE (city or town) (State or country): Hungary

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Agatha Burg 1917 Letitia Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Cross Cemetery Date Dec 1 1932

19. UNDERTAKER (Address): Chas. L. Evans 501 E Fayette

20. FILED DEC 2 1932 Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1932 to Nov 25 1932

I last saw him alive on Nov 25 1932. Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Ascending Pneumonia	
Paralysis	

Other contributory causes of importance:

Hardening of arteries

Name of operation: None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John T Evans M. D.

(Address) 612 N 40th St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84977

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84977

CERTIFICATE OF DEATH

182-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grover Russell

(a) Residence: No. 83 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Russell

6. DATE OF BIRTH (month, day, year) 12-2-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ins. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Russell

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT L. Russell

(Address) 202 Holcomb Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11/30/32, 19

19. UNDERTAKER H. C. Brauning Son

(Address) 1136 Pennsylvania Ave

Filed NOV 30 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27-1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Appendicitis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 2113 Fountain ...

SEE CAUSES OF DEATH in plain terms. Do not use abbreviations. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

84978

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84978

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No.) St. 5-8 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Mitchell

(a) Residence: No. 211 Eagle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year) Nov 31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Matthew Mitchell.

14. BIRTHPLACE (city or town) (State or country) Md. D

MOTHER

15. MAIDEN NAME Joehanna Henson

16. BIRTHPLACE (city or town) (State or country) Md. D

17. INFORMANT Webster Mitchell

(Address) 162 Waldo St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson cemetery Date 11/30/ 1932

19. UNDERTAKER Edw. Bryan

(Address) 168 Orleans St.

Huntington Avenue, Md.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932 to Nov 27, 1932

I last saw h m alive on Nov 27, 1932 Death is said to have occurred on the date stated above, at 5-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance:

Name of operation Exploratory Date of 11/10/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. D. Wm. Higgins M. D.

(Address) Providence Hospital

State CAUSE OF DEATH in plain terms, so that it may be of properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

Jno McGraw Med. Art Bldg

E 84979 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

50 E 84979

REGISTERED No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 3404 Ready Av ST. 27-48 WARD)

2-FULL NAME Helen Jefferson

(a) RESIDENCE No. 3404 Ready Av ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Noah Jefferson

6 DATE OF BIRTH (month, day, and year) May 16 1864

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	6	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work house work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cecil Co. Md

PARENTS

10 NAME OF FATHER — Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Rebecca Groom

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cecil Co Md

14 Informant Noah Jefferson
(Address) 3404 Ready Av

NOV 30 1932

Filed ..... 19.. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 29-32

17

I HEREBY CERTIFY, That I attended deceased from Nov, 19 31, to Nov 29, 19 32

that I last saw h[illegible] alive on Nov 28, 19 32

and that death occurred, on the date stated above, at 10.15 a m.

The CAUSE OF DEATH* was as follows:

Carcinomatosis

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of breast

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? yes Date of about 6 mos ago P. Bael.

Was there an autopsy? no

What test confirmed diagnosis? Histologic study of breast Sam Hosp

(Signed) Jno McGraw M. D.

11/30 32 (Address) 705 Mer Av Balt

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL 12-2 19 32

20 UNDERTAKER Franklin W Seitz — ADDRESS 707 N 33 St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D.-B. 1268-9

Malon

E 84980

E 84980 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 245 S. Durham St. 2-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanislaus Malon

(a) Residence: No. 245 S. Durham Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Separated)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 15 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Antoni Malon

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sophia Malon

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Father

(Address) 245 S. Durham Street

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date Dec. 1 1931

19. UNDERTAKER John F. Weber

(Address) 401 S. Chester St

20. FILED Dec 1 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 1931

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11:4 m.

The principal cause of death and related causes of importance were as follows:

Carcoma of Right Leg

Date of onset

Other contributory causes of importance:

Name of operation Amputation Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury Loss both Legs 1931

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 1305 E. Fillmore St.

OCCUPATION is very important. See instructions on back of certificate.

FILL CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of

M. D. R. 1248-b

E 84981

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84981

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. 23

CITY OF BALTIMORE: (No. ..... St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kaver Stolarek

(a) Residence: No. 524 S. Bond st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 14, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) [illegible]
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Stolarek
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Stella ?
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls. Date Dec 1, 1932

19. UNDERTAKER Zwierzewski
(Address) 1930 Eastern Ave

20. FILED Nov 30 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1931, to Nov. 28, 1932
I last saw h[illegible] in alive on Nov. 28, 1932 Death is said to have occurred on the date stated above, at 5.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hospitals

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

Mary Brooks or Boswell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84982

E 84982

CERTIFICATE OF DEATH.

2 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 918 W Fayette St. (Ward) 18-16

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Brooks (Boswell)

(a) RESIDENCE NO. 918 W Fayette St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Brooks

6 DATE OF BIRTH (month, day, and year): 1897

7 AGE: Years 35; Months; Days; If LESS than 1 day, hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Joseph Boswell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Wash Co Md

12 MAIDEN NAME OF MOTHER: Sarah Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis, Maryland

14 Informant (Address): Katherine Woods 1238 N Fairmount Ave

15 Filed NOV 30 1932

16 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-28 1932

17 I HEREBY CERTIFY, That I attended deceased from 11/23, 1932, to 11-28-, 1932,

that I last saw her alive on 11/27, 1932

and that death occurred, on the date stated above, at 2.15 p. m.

The CAUSE OF DEATH* was as follows:

Pneumonia

(duration) yrs. mos 5 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H Graham M. D.

Dec 1, 1932 (Address) Good Samaritan Hosp

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery

DATE OF BURIAL: Dec. 1, 1932

20 UNDERTAKER: Mrs. Katie R. Williams

ADDRESS 322 [illegible] Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 84983

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84983

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto. Gral Hosp (Ward) 12-73

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Boy Baker

(a) Residence: No. ..... St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/29/32

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
	0	0	0	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Baker

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Helen Fisher

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date Nov 30, 1932

19. UNDERTAKER .....
(Address)

20. Filed NOV 30 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/29, 1932 to 11/29, 1932
I last saw h. alive on 11/29, 1932 death is said to have occurred on the date stated above, at 3.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Child.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938-9

84984

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84984

CERTIFICATE OF DEATH

175 Year 18 —

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Charles Jackson

(a) Residence: No. Unknown St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	???

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Last worked for P & R Steamship Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 040

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT N. Y. Police Dept.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Grounds Date Nov 30 1932

19. UNDERTAKER Undertaker

(Address)

20. FILED Nov 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 .... , to ..... , 19 ....

I last saw h..... alive on ..... , 19 .... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	

Other contributory causes of importance:

Name of operation Trephine Date of Nov 4/32

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Nov 4/32

Where did injury occur? On street (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Knocked down & kicked.

Nature of injury Fracture Skull- temporal-lef

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Fuge Coroner . M. D.

(Address) 5066 York Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. DeB. 1268-0

E 84985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84985

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 15-22 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Cooper

(a) Residence: No. 1325 N. Dukeland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10/24/32

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Albert Cooper

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elsie Carter

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Med. Cemetery Date Mar 30 19 32

19. UNDERTAKER Commissioner Health

(Address)

20. FILED 1932 Huntington Williams, M.D. Registrar. #1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 10 24 . 1932 to 11 26 . 1932

I last saw him alive on 11 26 . 1932 Death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	10/24/32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Wass. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Dan C Kutner M. D.

(Address) Johns Hopkins Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84986 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84986

CERTIFICATE OF DEATH

V 210-00.1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen'l Hos. St., 12-50 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William James McGinnis

(a) Residence: No. 412 E. 22nd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma V. McGinnis

6. DATE OF BIRTH (month, day, year) May 12, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard McGinnis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susanne Bryson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Mildred N. McGinnis

(Address) 412 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec 1, 1932

19. UNDERTAKER Wm. Fickenscher Sons

(Address) Hess & Powers Huntington Wallace, Md.

Filed ....., 19..... Registrar.

V 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 to Nov. 19

I last saw h alive on Nov. 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Shock [redacted] following Multiple fractures

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What (est confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 11/26, 1932

Where did Injury occur? Charles & 23rd Sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of Injury Struck by automobile

Nature of Injury while walking in street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify)

(Signed) Joseph Kelly Coroner, M. D.

(Address) 1209 E Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 84987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84987

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 Homestead St., 9-4th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma C. Livingston

(a) Residence: No. 623 Homestead St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin C Livingston

6. DATE OF BIRTH (month, day, year) Mar. 10 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME W. J. Deady

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth Scott

16. BIRTHPLACE (city or town) (State or country) Va. Va

17. INFORMANT Mrs Clyde Staples

(Address) 623 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 1, 32

19. UNDERTAKER (Or) Mitchell Rons

(Address) 1021 Pennsylvania Ave Huntington Maryland

19 ..... Registrar.

DEC 1 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th 1932 to Nov 28th 1932

I last saw her alive on Oct 28th 1932. Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Hypertrophy	?

Other contributory causes of importance:

Arterio-sclerosis with Renal insufficiency	10 days

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) George E. E. Cragg, M. D.

(Address) 28 W 25th St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84988

CERTIFICATE OF DEATH

E 84988

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 Gittings St. 97-48 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 9 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles W Rice

(a) Residence: No. 102 Gittings Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Rice

6. DATE OF BIRTH (month, day, year) Feb-14-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Lawrence Rice

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Mulrine

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Harry J. Mohr

(Address) 102 Gittings Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 2, 1932

19. UNDERTAKER Wm. J. Tickner & Son

(Address) Madison Ave.

Filed ... 19... Registrar.

V 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932. to Nov. 29, 1932

I last saw h... alive on Nov. 29, 1932 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris with Coronary occlusion	Nov. 29
Arterio Sclerosis	?

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gordon McKelvey, M. D.

(Address) 1009 Linden Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

84989

CERTIFICATE OF DEATH

91 E 84989

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2544 W Lafayette Ave St., 46 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Eliza Bailey

(a) Residence: No. 2544 W. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Oliver Bailey

6. DATE OF BIRTH (month, day, year) Dec. 10, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Jefferson Md

FATHER

13. NAME ? Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Marjorie Steele

(Address) 2544 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Md Date Dec 1 1932

19. UNDERTAKER Wm Tuckner Sons.

(Address) North & Lemmon Sts.

20. FILED ... 19 ... Registrar.

DEC 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Nov 29 1932

I last saw h- alive on Nov 29 1932 Death is said to have occurred on the date stated above, at 5.55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
† Pneumonia	

Other contributory causes of importance:

Cardio Sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) T. B. Grant Keech M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84990

CERTIFICATE OF DEATH

12

E 84990

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S. Monroe St., W-28 Ward)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas. M. Bowers

(a) Residence: No. 116 S. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Kusson

6. DATE OF BIRTH (month, day, year) Aug. 24, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — — 663

10. Date deceased last worked at this occupation (month and year) Early one week Dec. 1932

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

MOTHER FATHER

13. NAME Marcus M. Bowers

14. BIRTHPLACE (city or town) (State or country) State of Ohio

15. MAIDEN NAME Eslie Jane Tordenty

16. BIRTHPLACE (city or town) (State or country) Maxastefilis

17. INFORMANT Geo. N. Bowers (Brother)
(Address) 116 S. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 1st. 1932.

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

20. [illegible] Huntington Williams M.D.
Registrar

V 301932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1932, to Nov. 28, 1932

I last saw him alive on Nov. 28 1932 death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendacitis	Nov. 23/1932
Other contributory causes of importance: General Peritonitis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. C. Nuetzel M. D.

(Address) 1900 W. Mulberry St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 84991

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woodrow Apartments 300 E. 30th St. St., 12-50 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edgar W. Morris

(a) Residence: No. 300 E. 30th St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence M. Morris

6. DATE OF BIRTH (month, day, year) July 16, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mack Trucks

10. Date deceased last worked at this occupation (month and year) 2 years

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

FATHER

13. NAME Mr. Morris

14. BIRTHPLACE (city or town) (State or country) United States

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Edna Morris

(Address) 300 E. 30th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec. 1 1932

19. UNDERTAKER Joseph Rock

(Address) 1003 E. Baltimore St. Huntington Heights, Md.

20. FILED ..... 19..... Registrar.

DEC 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1932 to Nov 28, 1932

I last saw him alive on Nov 25, 1932. Death is said to have occurred on the date stated above, at 7.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	about Jan. 32
Cardiac Asthenia	2 days

Other contributory causes of importance: .....

Name of operation None Date of .....

What test confirmed diagnosis? Not autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. S. Silverthorn M. D.

(Address) 1901 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84992

CERTIFICATE OF DEATH

E 84992

1—PLACE OF DEATH Md. General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST 11-West WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME— Albert Foard

(a) RESIDENCE NO.— Glenburnie Rd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie E. Foard

6 DATE OF BIRTH (month, day, and year) April 15, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	7	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Messenger at Custom

(b) General nature of industry, business, or establishment in which employed (or employer) U. S. Government

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Harrison Foard

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Katie Rae

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Maryland

14 Informant Mrs. Mary A. Murkey

(Address) 822 N. Monroe St.

15 Filed 19 Huntington Williams, N. D. Registrar

V 30 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1932

17

I HEREBY CERTIFY, That I attended deceased from Nov 29, 1932, to Nov 30, 1932, that I last saw him alive on Nov 30, 1932, and that death occurred, on the date stated above, at 8:00 A m.

The CAUSE OF DEATH* was as follows:

Abdominal aneurysm.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Ruptured Abdominal aneurysm

hemorrhage (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ?

Did an operation precede death? No Date of

Was there an autopsy? Yes Permission Required

What test confirmed diagnosis? Autopsy findings

(Signed) C. Proctor, M. D.

11-30, 1932 (Address) Md. Gen. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (I) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	Dec. 3 1932

20 UNDERTAKER Robert B Cook

ADDRESS 1003 West Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

84993

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84993

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 511 Bolton (Ward) 14-20

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm E. Stevens

(a) Residence: No. 511 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15 1861

7. AGE: Years 71 | Months 4 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm H Stevens

14. BIRTHPLACE (city or town) (State or country) Easton Md

MOTHER

15. MAIDEN NAME Elizabeth Pender

16. BIRTHPLACE (city or town) (State or country) Easton Md

17. INFORMANT Leo F Stevens (Address) 5216 Linden Heights

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem Date 12/1/32

19. UNDERTAKER Geo W Tuttle (Address) 1700 Edmondson ave

20. FILED NOV 30 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 Year

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Falk M. D.
Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84994 E 84994

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3610 Duvall Ave St. 15-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nickolas E. Paulus.

(a) Residence: No. 3610 Duvall Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche G. Paulus.

6. DATE OF BIRTH (month, day, year) July 7, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Blanche G. Paulus
(Address) 3610 Duvall Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 3, 1932

19. UNDERTAKER Chipowith Son
(Address) 3615 Chestnut Ave.

20. FILED DEC 3 1932 Huntingtor Williams, N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 19.. to Nov 30, 1932

I last saw h.. alive on Nov 30, 19.. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Cardiac insufficiency	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 30 1932

M. D. R. 1268-9

E 84995 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84995

1. PLACE OF DEATH St. Agnes' Hospital — Registered No. 108

CITY OF BALTIMORE: (No. Fulton & Catons St. 25-72 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Dolly Owens

(a) Residence: No. Stonewall Park St., Ward. Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Owens

6. DATE OF BIRTH (month, day, year) Nov 7, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair Dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME James Hawks

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Elizabeth Cogle

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Elizabeth Hawks.

(Address) 9022 W 38th St.

18. BURIAL, CREMATION, OR REMOVAL Dec.

Harpers Ferry W. Va. Date [redacted] 2 1932

19. UNDERTAKER Ellsworth Lee.

(Address) 3615 Elsinore Ave

20. FILED NOV 30 1932 Huntington Williams, M.D. Registrar. A. B. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-27 1932 to 11-29 1932

I last saw her alive on 11-29 1932 Death is said to have occurred on the date stated above, at 5 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Chronic Nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Alfred Vandenes M. D.

(Address) St. Agnes Hos

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84996 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 84996

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 709 Newington Ave. St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John R. Middleton

(a) Residence: No. 709 Newington Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Dr. John D. Middleton

14. BIRTHPLACE (city or town) Charles County (State or country) Md.

MOTHER

15. MAIDEN NAME ---

16. BIRTHPLACE (city or town) --- (State or country) ---

17. INFORMANT Bessie B. Colquitt

(Address) 709 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 1 1932

19. UNDERTAKER John W. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED Huntington Williams, M.D. Registrar.

V 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1932, to Nov. 28, 1932

I last saw him alive on Nov. 28, 1932. Death is said to have occurred on the date stated above, at 11.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease - about	3-30-32
Arterio - sclerosis about	3-30-32
Other contributory causes of importance: None	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: —

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Henry C. Coble, M. D.

(Address) 1203 W. Fayette St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 84997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 84997

82-001

Registered No. 12-5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Maryland Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry E. Spamer

(a) Residence: No. 2510 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) July 28, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Christian Spamer

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth M. Schroeder

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Andrew P. Spamer
(Address) 2319 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemy Date Dec. 1, 1932

19. UNDERTAKER John B. Mottchell & Sons
(Address) 1900 Eutaw Place

20. [illegible] Hunter or Williams, N.E.
Registrar.

NOV 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932 to Nov 28, 1932

I last saw him alive on Nov 28, 1932 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1932 Nov 26

Other contributory causes of importance:

Paralysis due to cerebral Hemorrhage in 1920

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Nathan J. Saunders M. D.

(Address) 3228 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 84998 HEALTH DEPARTMENT—CITY OF BALTIMORE E 84998

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen Hosp St. 24-34 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Ruth Morley

(a) Residence: No. 1505 Covington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Morley

6. DATE OF BIRTH (month, day, year) Nov 20 1908

7. AGE

Years	Months	Days	If LESS than 1 day ... hrs. or ... min
24	11	4 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loom Opr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Noah Phillips

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Watkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ralph Morley
(Address) 1505 Covington St

18. BURIAL, CREMATION, OR REMOVAL Plans No. 4 Date Dec 3 1932

19. UNDERTAKER W. E. Falconer
(Address) New Market

19. FILED DEC 1 1932 Huntingtown, Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-20-32, 19 ..., to 11-30-32, 19 ...

I last saw h[illegible] alive on 11-30-32, 19 ... death is said to have occurred on the date stated above, at 7 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Intestinal carcinoma,	
Intestinal Obstruction	
Other contributory causes of importance:	11-20-32

Name of operation Laparotomy Date of 11-21-32

What test confirmed diagnosis? Clinical & Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19 ...
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Lehmann, M. D.
(Address) So. Balto Gen Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 84999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 84999

CERTIFICATE OF DEATH.

V 167

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 702 Longwood Rd.) (WARD) 20-70

2-FULL NAME Chas E. Capito Smith

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

(Residence in Baltimore: No. 212 Longwood Road St.; yrs. 40 mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Male

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Jan. 8, 1863 (Month) (Day) (Year)

7-AGE, 69 yrs. 10 mos. 21 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work, Banking
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country), Westminster, Md.

PARENTS.

10-NAME OF FATHER, Chas E Smith

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER, Louise A. Capito

13-BIRTHPLACE OF MOTHER (State or Country), Philadelphia Penna

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arthur L. Smith

(Address) 1408 E. Fayette St.

15-

Filed DEC 1 1932, 191.... Huntington Williams Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Nov. 29, 1932 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot Wound
Through Head
Suicide

(Duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) ....

(Duration) ....yrs. ....mos. ....ds.

(Signed) John F. Romano (Coroner) M. D.

12-1-32 (Address) 263 Roland Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, London Park

DATE OF BURIAL, Dec 1, 1932

20-UNDERTAKER Henry W. Jenkins Sons

ADDRESS McCulloh St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

35000

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH: City of Baltimore: (No.) St Agnes Hospital St., Ward 19-28

2-FULL NAME Mrs. Blanche Thompson

(a) RESIDENCE NO. 1724 Lemmon St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Divorced

5a If married, widowed, or divorced (or) WIFE of William Thompson

6 DATE OF BIRTH (month, day, and year) Nov. 1, 1874

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	58	0	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of Industry, business, or establishment in which employed (or employer): " "
(c) Name of employer: " "

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER William Russell.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Melvina Musgrave

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant (Address) Mrs. Gertrude Deming 1 [illegible] St

15 Filed ....., 19 Huntington [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquisition (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fell from 2nd story stairway to 1st floor - Accidental Laceration & Contusion of right leg above knee (duration) yrs. mos. ds. about 13 hrs.

CONTRIBUTORY (Secondary) Cardio-renal disease (duration) yrs. 2 mos. 19 ds. June 1930

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of " "

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Clinical signs

(Signed) Guy N. Bosworth M.D.

11/30 1932 (Address) 203 Otsego Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Dec 1 1932

20 UNDERTAKER: Robt C. Walters — ADDRESS: 66 S Monroe St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

FC 1922

M. D. R. 1938-3

E 85001

E 85001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 59

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St. B-4 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME Katherine Kolegski (Kolodziejski)

(a) Residence: No. 830 S. Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Kolegski

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Thomas Kuchma

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Kuchma

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Record Balt. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date 12/2 1932

19. UNDERTAKER William F. Kieffer & Co
(Address) 1618 Eastern Ave

20. FILED 1-1933 Huntington Ave. Cem. Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-16 1932 to 11-29 1932

I last saw her alive on 11-29 1932 Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-renal disease with hypertension	?
Other contributory causes of importance: Diabetes mellitus	1921

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

11-30-32 (Signed) Elmer Hajsbury Jr. M. D.

(Address) Balto City Hospitals

INSTRUCTIONS.—WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 85002

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85002

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Harlem Ave St., 16-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 6 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Merale T. DeMoss Conner

(a) Residence: No. 2011 Harlem Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John W. Conner

6. DATE OF BIRTH (month, day, year) Sept 16 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) July, 1924
11. Total time (years) spent in this occupation 37 0

12. BIRTHPLACE (city or town) Emmorton, Harford Co. (State or country) Maryland

FATHER

13. NAME DeMoss
14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT John W. Conner
(Address) 2011 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date Dec 2 1932

19. UNDERTAKER Jos Joerdens & Son
(Address) 217 E. Pace

19. FILED DEC 1 1932 Huntington Williamsburg, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1932, to Nov. 30, 1932

I last saw h.er alive on Nov. 30, 1932 death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertensive heart disease	Unknown
Partial hemiplegia, right	Aug. 1929
Other contributory causes of importance:	
Chronic nephritis	Unknown Before Sept 11, 1932.

Name of operation None Date of ...

What test confirmed diagnosis? Examination of urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) S. Rudy Wallace, M. D.
(Address) 2734 Hillsdale Ave

EC 1 1932

E. B.—WRITE PLAINLY, with unfading ink. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-6

E 85003 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Deepdene St. 97 Ward) Registered No. 97-53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 84 / 16

2. FULL NAME Major O'Neill Lewis

(a) Residence: No. 725 Deepdene St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amanda F. Lewis

6. DATE OF BIRTH (month, day, year) August 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) about

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Salisbury Md.

FATHER

13. NAME O'Neill Lewis

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Sarah Dean

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

17. INFORMANT Miss Stella L. Lewis (Daughter)
(Address) 725 Deepdene Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Dec 3 1932

19. UNDERTAKER Edwards Funeral Home Co.
(Address) Govanstown

20. FILED DEC 1 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1928 to Dec 1st 1932

I last saw him alive on Dec 1st 1932. Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis due to Senility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Denham R. Clarke M. D.

(Address) 1. St John Rd. Roland Park

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85004 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85004

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE 1219 E. North Ave (Ward) 9-1X Life

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence ... 3s. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ft. Allen Brown Sr

(a) Residence: No. 1219 E. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Katie Brown

6. DATE OF BIRTH (month, day, year) Apr 4th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Building Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Charlotte E. Allen

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Katie Brown

(Address) 1219 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date Dec 1st 193

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 1 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from October 6 1932 to November 29 1932

I last saw h... alive on November 29 1932 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver and Gall Bladder	1yr
Other contributory causes of importance Cachexia & Metastasis	14 days

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If w... specify

(Signed) Albert Ossenborg M. D.

(Address) 2026 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85005 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85005

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St. 97-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry C. Wade

(a) Residence: No. 121 W. Barre st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 25, 1893

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	39	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Charlottesville (State or country) Virginia

FATHER

13. NAME Henry Wade

14. BIRTHPLACE (city or town) Charlottesville (State or country) Virginia

MOTHER

15. MAIDEN NAME Lillie Norville

16. BIRTHPLACE (city or town) Charlottesville (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Charlottesville Va Date 12/1/32 19

19. UNDERTAKER Lack Lewis Inc.

(Address) 1439 E Baltimore St

FILED DEC 1 - 1932 Huntington Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1932 to Nov. 29, 1932

I last saw him alive on Nov. 29, 1932 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis, of the Lungs	Last 15 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Kenneth C. Graves M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 85006 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v121 E 85006

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. General Hospital St., 9-16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond A. Feehan

(a) Residence: No. 744 E. Preston St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Loretta H. Feehan

6. DATE OF BIRTH (month, day, year) May 1—1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John T. Feehan

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Caroline Wilcox

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Loretta H. Feehan
(Address) 744 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 3rd 1932

19. UNDERTAKER Chas. J. Manuston
(Address) 1130 W. Royal ave

20. FILED DEC 1 - 1932 Huntington Williams M.D. Registrar, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/28/, 1932 to 11/30, 1932

I last saw h im alive on 11/30, 1932 death is said to have occurred on the date stated above, at 3:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse peritonitis	11/26/32
Other contributory causes of importance:	
Gangrenous Appendicitis	

Name of operation Appendectomy Date of 11/28/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Miller, M. D.
(Address) South Balto. General Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85007

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85007

✓ 34

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 17-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Cooper

(a) Residence: No. 28 E. 20th St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of James Cooper

6. DATE OF BIRTH (month, day, year) 2-14-1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 070

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Easton, Md

FATHER

13. NAME Perry Thomas

14. BIRTHPLACE (city or town) (State or country) Easton, Md

MOTHER

15. MAIDEN NAME Mary Cassell

16. BIRTHPLACE (city or town) (State or country) Easton, Md

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/1 1932

19. UNDERTAKER Rayner Sanders

(Address) 1403 E. Preston St. Huntingdon Hillcrest, N.Y.

20. FILED 1 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-1-1937 to 11-26-1932

I last saw her alive on 11-26-1932 Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and reinted causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic	8-1-32
Acute Myocarditis insufficiency Hone	11-25-3

Other contributory causes of importance:

Name of operation ... Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

11-28-32 (Signed) Clive Hibberd M. D.

(Address) Balto. City Hospitals

EC

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85008

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85008

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 813 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY, BATES

(a) Residence: No. Johns Hopkins Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) .....
(State or country)

FATHER

13. NAME [illegible] Bates 114 Carolina St

14. BIRTHPLACE (city or town) Virginia
(State or country) North Carolina

MOTHER

15. MAIDEN NAME Bonnie Jacobs 114 Carolina

16. BIRTHPLACE (city or town) Virginia
(State or country) North Carolina

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med. College Date Dec 1 . 1932

19. UNDERTAKER .....
(Address)

20. FILED DEC 1 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 . 1932 to Nov 24 . 1932

I last saw he alive on Nov 24 . 1932 Death is said to have occurred on the date stated above, at 1:50 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Prematurity	11/24/32

Other contributory causes of importance:

Name of operation Caesarean section Date of 11/23/32

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Joseph D. Jack . M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85009 E 85009

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH Baltimore City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St. 19-27 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Cooper

(a) Residence: No. 1704 Cairo St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-21-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Ballard

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Kate ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balto City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 1 19 32

19. UNDERTAKER

(Address)

20. FILED 1932 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-26 1932 to 11-28 1932

I last saw him alive on 11-28 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	6-24-32
Other contributory causes of importance:	
Uremia	

Name of operation None Date of No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

11-28-32 If so, specify

(Signed) Glenn Hyatt Cooper M. D.

(Address) Balto. City Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1966-9

85010

HEALTH DEPARTMENT—CITY OF BALTIMORE

85010

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 ODonnell ST. St. 26-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 29 yrs. ..... mos. ..... da.

2. FULL NAME Mary C. Schorr

(a) Residence: No. 3207 ODonnell ST. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph G. Schorr

6. DATE OF BIRTH (month, day, year) Jan. 17-1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. AT Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Rechteeine

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Littmer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph Schorr

(Address) 3207 ODonnell ST.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cy Date Dec 3 1932

19. UNDERTAKER George W. Zickler

(Address) 1737 E Eager St

20. FILED DEC 1 1932 Thurston Whitesell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30/32 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1932 to Nov. 30, 1932

I last saw her alive on Nov. 30, 1932 Death is said to have occurred on the date stated above, at 4-20pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Brights Disease	1931
a.	
Other contributory causes of importance: Cancer of Breast L.	
c	

Name of operation Amputation of Breast Date of Apl. 1932

What test confirmed diagnosis? Microscopical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos E. Nelson M. D.

(Address) 134 N. Eutaw

E—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85011 HEALTH DEPARTMENT—CITY OF BALTIMORE 85011

CERTIFICATE OF DEATH

V 146

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bertha Cassel

(a) Residence: No. 1925 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Walter Cassel

6. DATE OF BIRTH (month, day, year) Sept 24/1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. J. Griffith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Carrie C. Meyer

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Walter Cassel
(Address) 1925 W. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Date Dec 2, 1932

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager st

20. FILED 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Partum Eclampsia —	24 hrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so specify ...

(Signed) John Cullen, Coroner, M. D.
(Address) 508 E Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

85012

HEALTH DEPARTMENT—CITY OF BALTIMORE

89-09

E 85012

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ____ ST. 25-72 WARD)

REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Russell Ferguson

(a) RESIDENCE NO. 913 Casadel Ave ST., ____ WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 10 ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) July 20, 32

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		4	10 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ____

(b) General nature of industry, business, or establishment in which employed (or employer) ____

(c) Name of employer ____

9 BIRTHPLACE (city or town) Baltimore (State or country) Md.

PARENTS

10 NAME OF FATHER Russell Ferguson Sr.

11 BIRTHPLACE OF FATHER (city or town) ____ (State or country) California

12 MAIDEN NAME OF MOTHER Lulu Smith

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Md.

14 Informant Holy Redeemer Hosp. Record.

(Address) ____

15 Filed ____, 19____ ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1, 1932

17 I HEREBY CERTIFY, That I attended deceased from 11-28-32, 19____, to 12-1-32, 19____, that I last saw him alive on Dec-1, 1932 and that death occurred, on the date stated above, at 7:30 A.m.

The CAUSE OF DEATH* was as follows:

Streptococcic Meningitis (Viridans)

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary) Purulent Otitis Media

(duration) ____ yrs. ____ mos. 13 ds.

18 Where was disease contracted if not at place of death? Residence

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. L. Lange M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer	12-3 1932
20 UNDERTAKER	ADDRESS
Bernard C Hardy	1000 S Paca St

C OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Bks

85013

E 85013

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 921 S. Charles St. ST. 23-34 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jacob Wenger.

(a) RESIDENCE NO. 921 S. Charles St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~XXXXXXXXX~~ or WIFE of Lena Wenger.

6 DATE OF BIRTH (month, day, and year) March 28, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Oyster dealer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

045

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Aloysius Wenger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Nagel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Lena Wenger. (wife)

(Address) 921 S. Charles St.

15 Filed DEC 1 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 29, 1932

17 I HEREBY CERTIFY, That I attended deceased from September 17, 1932 to November 29, 1932.

that I last saw him alive on November 29, 1932,

and that death occurred, on the date stated above, at 12.50 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Microscopical

(Signed) Otto M. Reinhardt, M. D.

12/1/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. | DATE OF BURIAL 12-2-32

20 UNDERTAKER Bernard C. Hart | ADDRESS 1000 S. Paca St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

E 85014

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85014

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Mathews St., 9-46 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2½ ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Donald Steinfort

(a) Residence: No. 2824 Mathews St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): "

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of "

6. DATE OF BIRTH (month, day, year): Nov. 28-1932

7. AGE: Years | Months | Days: 2½ 3 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. "

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) " | 11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John F. Steinfort

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Ida E. Forrest

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: John F. Steinfort
(Address) 2824 Mathews St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 12-2 1932

19. UNDERTAKER: Bernard C. Harte
(Address) 1000 S Paca St

20. FILED DEC 1 - 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 1. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1932 to Dec 1 1932

I last saw him alive on Dec 1 1932 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Congenital Heart

Foramen Ovale not Closed

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. L. Fair M. D.

(Address) 2704 St. Paul St.

Information must be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

E 85015

85015 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85015

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH 954 N. Chapel St.

CITY OF BALTIMORE: (No. ..... St. 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Rose Chvala

(a) Residence: No. 954 N. Chapel St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wenceslaus Chvala

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Cecko-Slovakia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Cecko-Slovakia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Cecko Slovakia

17. INFORMANT Rose Chvala

(Address) 222 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 5 1932

19. UNDERTAKER Frank Brock & Son

(Address) 190 Caroline

20. FILED DEC 1 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1932 to Dec 1 1932

I last saw h.. alive on Nov. 30 1932. Death is said to have occurred on the date stated above, at 6 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	Nov 25 1932
Other **contributory causes** of importance:	
hypertension, chronic nephritis	?
mitral insufficiency	

Name of operation ..... Date of —

What test confirmed diagnosis? Surgical findings Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. C. Schlad, M. D.

(Address) 111 N. Belnord Ave.

IMPORTANT—Information should be carefully supplied. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85016 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓123 E 85016

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 21 yrs. ... mos. ... ds.

2. FULL NAME John Savoca

(a) Residence: No. 258 N. Exeter St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Savoca

6. DATE OF BIRTH (month, day, year) June 25 - 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Domenic Savoca

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Ohlemon

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital records

(Address) 258 N Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date 12/2/32 19

19. UNDERTAKER Geo. J. Kelly Dec

(Address) 1235 Eastern Ave

20. FILED 1 - 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/18, 1932, to 11/30, 1932

I last saw h[im] alive on 11/30 1932 Death is said to have occurred on the date stated above, at 6[35] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fecal fistula (small intestine)	39 days
Other contributory causes of importance:	
Carcinoma	38 days
Malnutrition	"

Name of operation Attempt at restoration or closure of fistula Date of 10/21/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. H. Goodman M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85017

CERTIFICATE OF DEATH

E 85017

1. PLACE OF DEATH Baltimore City Hospitals 3rd

CITY OF BALTIMORE: (No. Baltimore md St. 23-31 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis Edwards

(a) Residence: No. 139 W West St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Edwards

6. DATE OF BIRTH (month, day, year) Apr. 15 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	7 —	13 —	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Fairfield S. C.

FATHER

13. NAME John Edwards

14. BIRTHPLACE (city or town) (State or country) Fairfield md

MOTHER

15. MAIDEN NAME Amy ?

16. BIRTHPLACE (city or town) (State or country) Fairfield md

17. INFORMANT Friend Balt. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Bern N.C. Date Dec 1st 1932

19. UNDERTAKER H. C. Miller
(Address) 1355 E. Monument

1-1932 Wilmington N.C.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-21 1932 to 11-28 1932

I last saw h. alive on 11-28 1932 Death is said to have occurred on the date stated above, at 8:30 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Disease	
Syphilitic	10-12-3
Other contributory causes of importance:	
acute myocardial insufficiency	11-15-?

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-29-32 (Signed) Elmer Gibbons M. D.

(Address) Balt. City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C

Spec.—8-16-29—L. F. S.—100 Bks.

E 85018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 85018

1—PLACE OF DEATH

REGISTERED NO. 15-63

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 4033 Boarman ave ST. (WARD)

2—FULL NAME John Jacob Romoser

(a) RESIDENCE NO. 4033 Boarman ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. 1 mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Romoser.

6 DATE OF BIRTH (month, day, and year): Oct 29 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Book Keeper.
(b) General nature of industry, business, or establishment in which employed (or employer): 006
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Geo. Romoser

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Chas Schultz
(Address): 4033 Boarman Ave

15 Filed DEC 1 - 1932 Washington Williams Registrar R & P H

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 30th 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 12th, 1932, to Nov 30th, 1932, that I last saw h alive on Nov. 29th, 1932 and that death occurred, on the date stated above, at 12.45 Am.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Chronic myocarditis Senility

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Heart failure

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. R. Poulton, M. D.

11/30, 1932 (Address) 3909 Gamon Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cem — DATE OF BURIAL: 12-2 1932

20 UNDERTAKER: Mr Chas A Gehrdes — ADDRESS: 2327 Edmondson ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85019

CERTIFICATE OF DEATH

E 85019

1—PLACE OF DEATH

REGISTERED NO. 27555

CITY OF BALTIMORE: (No. 3501 Rogers Ave. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME J. Wallace Gore iii

(a) RESIDENCE NO. 3501 (Usual place of abode) Rogers Ave ST., WARD

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: W.

5 Single, ~~Married~~, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Sept 1-1931

7 AGE: Years 1 | Months 3 | Days — | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER J. Wallace Gore 2nd

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Virginia Hoffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant J. Wallace Gore 2nd

(Address) 3501 Rogers Ave

15 Filed Huntington Williams, M.D. Registrar

C 1-1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1st 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1932, to Dec 1, 1932.

that I last saw him alive on Dec 1, 1932

and that death occurred, on the date stated above, at 8:50 A.M.

The CAUSE OF DEATH* was as follows:

Congenital Malformations of the heart.

Since Birth (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Meningitis Convulsions

Since Birth (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Augustine J. Vonderheide M.D.

19 (Address) 4801 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Dec 2nd 1932

20 UNDERTAKER: Richard E. Gore — ADDRESS: 2224 Pennsylvania Ave

IMPORTANT. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 85020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85020

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital ST. 14-30 WARD)

2-FULL NAME Joseph Gessford, Jr.

(a) RESIDENCE No. West & Chesapeake Ave. ST., Towson, Md. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Gessford

6 DATE OF BIRTH (month, day, and year) Sept 3, 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	38	2	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Pennsylvania Railroad

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Joseph Gessford

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Catherine Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Annie Gessford
(Address) West & Chesapeake Ave, Towson

15 Filed ..... 192 ..... Huntington Williams, M.D. Registrar

C 1-1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-1- 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull, Accidental Death

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? 3 Clinton

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Physical Examination

(Signed) Eugene Feldmann, M. D. Coroner

....., 19.. (Address) 3379 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Zion, Freeland, Balto. DATE OF BURIAL Dec 3, 1932

20 UNDERTAKER E Leroy Stoffler & Inc ADDRESS 1250 E. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85021

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85021

CERTIFICATE OF DEATH

V-93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 Maryland Ave Ward 47-10)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. d.

2. FULL NAME Pauline C. Dick Martin

(a) Residence: No. 2021 Maryland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Michael Martin

6. DATE OF BIRTH (month, day, year) 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	85	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME J. Dick

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME E. Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs F. C. Walther

(Address) 2021 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec 2 1932

19. UNDERTAKER Mary M. Reisler

(Address) 27 E. Eager St Baltimore, Md

20. FILED DEC 1 1932, 19 C. R. P. H. Registrar.

C 1 1932

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1932 to Nov 29, 1932

I last saw her alive on Nov 29, 1932. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Aug 1931

Other contributory causes of importance:

Chronic Colitis

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Peace M. D.

(Address) East Coast St Baltimore

AACo. 5-31 250B

(Chadina)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85022

CERTIFICATE OF DEATH

XV 142

E 85022

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balt Gen Hospital Ward) 24-33

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Catherine Chadina

(a) Residence: No. 746 Annesley Road St., Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~Husband of~~ (or) WIFE of Edward L. Chadina

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio

FATHER

13. NAME John Huszar

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT E. L. Chadina
(Address) 746 Annesley Road

18. BURIAL, CREMATION, OR REMOVAL
Place Maryland Cemetery Date Dec 3, 1932

19. UNDERTAKER Harry W. Wiedefeld
(Address) 501 E. 32nd St.

20. FILED 1 1932 Huntington Williams, M.D. M.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/21/32, 1932 to 11/30, 1932

I last saw h-er alive on 11/30, 1932 death is said to have occurred on the date stated above, at 4:31P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Intestinal Obstruction	11/25/32

Other contributory causes of importance:

Right Ectopic pregnancy	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) Isaac Rullman, M. D.

(Address) So Baltimore Gen Hosp

C 1

State CAUSE OF DEATH in plain terms, so that any physician may understand it. OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 85023

HEALTH DEPARTMENT—CITY OF BALTIMORE

48 E 85023

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2205-Callow ne St., 12-54 Ward)

2-FULL NAME Nellie Trentzel

(a) RESIDENCE NO 2205 Callow ne St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. E. Trentzel

6 DATE OF BIRTH (month, day, and year) Oct. 5th 1887

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	1	26 25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER E. H. Jones.

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Eliza E. Roy.

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Balto Md

14 Informant Cora M. Jones.
(Address) 2205 Callow ne.

15 Filed ..... 19 .....

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/30 1932

17 I HEREBY CERTIFY, That I took charge of the remains deserbed above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) H. Hunt Mossman M. D.

12/1 1932 (Address) 3632 Roland ne

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	Dec 3rd 1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S statement of OCCUPATION is very important. See instructions on back of certificate.

Cor. 10-10 Blks.

E 85024

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85024

CERTIFICATE OF DEATH

82-001

REGISTERED NO. 70-71

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 112 S. Collins Ave. St., Ward)

2-FULL NAME Fannie S. Miles

(a) RESIDENCE NO. 112 S. Collins Ave. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Stanley S. Miles

6 DATE OF BIRTH (month, day, and year) Feb. 10th 1889

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	43	9	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Candy Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer) Candy
(c) Name of employer Foltz Candy Co. of Baltimore

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER George Baumgarten

11 BIRTHPLACE OF FATHER (city or town) Washington, D. C.
(State or country)

12 MAIDEN NAME OF MOTHER Frances Spittle

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country) Virginia

14 Informant Mrs. Baumgarten
(Address) 112 S. Collins Ave

15 Filed 19 Registrar

DEC 2 - 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to other death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Suddenly (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical symptoms

(Signed) Guy N. Cromwell M. D.

12/1 1932 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	Nov 3d 1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. of Vital Statistics

E 85025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85025

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1724 Marshall St. (Ward) 23-34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Bruning

(a) Residence: No. 1724 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Andrew Bruning

6. DATE OF BIRTH (month, day, year) Aug 21st 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Benjamin Steckel

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Herby

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT James G. Taylor

(Address) 1724 Marshall St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 5th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Dec 2 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st 1932

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from April 22nd 1932 to Dec 1st 1932

I last saw her alive on Nov 30th 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic aortic regurgitation of heart	April 1932
Other contributory causes of importance: Acute dilatation of heart	6 hours

Name of operation None Date of —

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) O. Tom Weibel M. D.

12/1/32 (Address) 1224 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact duration of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85026 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85026

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Walbrook St. (Ward) 15th

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth T. Bond

(a) Residence: No. 1800 Walbrook Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of John H. Bond

6. DATE OF BIRTH (month, day, year) Sept 21st 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Hollywood Md.

FATHER

13. NAME James N. Haden

14. BIRTHPLACE (city or town) (State or country) Hollywood Md

MOTHER

15. MAIDEN NAME Mary J. Thompson

16. BIRTHPLACE (city or town) (State or country) Hollywood Md

17. INFORMANT Mary D. Wilson

(Address) 601 Register Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hollywood, Md. Date Dec 2nd 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Dec 7 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 1924 to Nov 30th 1932

I last saw h.e alive on Nov 30, 1932 Death is said to have occurred on the date stated above, at 4:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Cardiac Insufficiency	2 mos

Name of operation None Date of .....

What test confirmed diagnosis? Clinical X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Wiggs M. D.

(Address) 4000 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85027

✓ E 85027

HEALTH DEPARTMENT—CITY OF BALTIMORE

25

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 11-17 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Robert (Jane) Taite

(a) Residence: No. 22 E. Mt. Vernon Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Robert Taite

6. DATE OF BIRTH (month, day, year) June 20 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72 yrs	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME George Clark

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Jane Higgins

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mr Robert Taite
(Address) 22 E Mt Vernon Place

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cook Date Dec 24 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED DEC 2 - 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1932. to December 1, 1932

I last saw her alive on Dec 1, 1932 Death is said to have occurred on the date stated above, at 4:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis	Jan 31
Other contributory causes of importance:	
Intestinal Obstruction	Nov 28

Name of operation Exploratory Laparotomy Date of 11-21-32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H L Burhidge M. D.

(Address) Union Memorial Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Data in items 7 and 8 OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-16-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85028

E 85028

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Agnes Hospital St. 25-12 Ward)

2-FULL NAME Carl L. Reisinger

(a) RESIDENCE NO. Lee House, Washington Boulevard St., Ward

(Usual place of abode) Halethorpe (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Marie J. Reisinger

6 DATE OF BIRTH (month, day, and year) May 13, 1877

7 AGE	Years	Months	Days	IF LESS than 1 day hrs or min.
	55	6	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of industry, business, or establishment in which employed (or employer) Tourist House
(c) Name of employer Self

9 BIRTHPLACE (city or town) Darmstadt
(State or country) Germany

PARENTS

10 NAME OF FATHER Matthew Reisinger

11 BIRTHPLACE OF FATHER (city or town) Darmstadt
(State or country) Germany

12 MAIDEN NAME OF MOTHER Fredericka Grindler

13 BIRTHPLACE OF MOTHER (city or town) Darmstadt
(State or country) Germany

14 Informant Mrs. Marie J. Reisinger
(Address) Lee House, Washington Boulevard

15 [illegible] 16 [illegible] Registrar

DEC 2 - 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fall from 1st floor down cellar steps to concrete below—Accidental

suddenly (duration) yrs. mos., ds.

CONTRIBUTORY (Secondary) Possibly fracture of cervical vertebrae? (duration) suddenly yrs. mos. Immediate

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? [illegible]

(Signed) Guy N. Cromwell M. D.

12/1 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL Dec 3 1932

20 UNDERTAKER John Uelrich

ADDRESS 2028 Edmondson

tion should be carefully supplied. AGE should be stated EXACTLY. [illegible] OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85029

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85029

CERTIFICATE OF DEATH

43-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1647 N. PAYSON St. 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Alice Lindsay

(a) Residence: No. 1647 N. Payson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. Lindsay

6. DATE OF BIRTH (month, day, year) May 2, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Jonas Myers

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Formwalt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna Lindsay

(Address) 1647 N. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Union Town, Carroll Co Md. Date Dec 3, 1932

19. UNDERTAKER Harry W. Ehlen

(Address) 1206 W. Pratt St

FILED DEC 2 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932 to Nov 30, 1932

I last saw h[illegible] alive on Nov 30, 1932. Death is said to have occurred on the date stated above, at 3.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1928
Cardiac Dilatation	4 days
Cystitis Acute	
Other contributory causes of importance: Rheumatism (History)	1

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. E. Staunt, M. D.

(Address) 1424 W. Pratt St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85030 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85030

93-003

Registered No. 2748

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. Broadway Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C. Nebeding

(a) Residence: No. 802 Bennington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Nebeding

6. DATE OF BIRTH (month, day, year) 12/29/80

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Casper Medwick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Dec 3 1932

19. UNDERTAKER Hughes & Bradshaw
(Address) 4 W Lafayette Ave

20. FILED DEC 2 1932 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1932 to Dec. 1, 1932

I last saw her alive on Dec. 1, 1932 Death is said to have occurred on the date stated above, at 7.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Myocardial Degeneration	1930 ?
Myocardial Insufficiency	Nov. 15, 1932
Hypertension	1930 ?

Other contributory causes of importance:

Bronchio-Pneumonia	Nov. 15, 1932

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. Kelber Young, M. D.

(Address) Church Home & Infirmary Baltimore, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85031

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3703 Reisterstown Rd. (St.) (Ward) 15-53

Registered No. 8

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Levinsohn

(a) Residence: No. 3703 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Judya

6. DATE OF BIRTH (month, day, year): July 1 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	47	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant, Cider

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cider Op

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Leon Livinsohn

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Shasia Willner

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs J. Livinsohn
(Address) 3703 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Hebrew Date: Dec 2 1932

19. UNDERTAKER: Sol Levinson & Bro
(Address) 1127 E Balto st

20. FILED DEC 2 - 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 1. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932 to Dec 1, 1932

I last saw h[illegible] alive on Dec 1, 1932 Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 1929
Other contributory causes of importance: Terminal Pneumonia	Nov 19

Name of operation: none Date of:

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Epstein M. D.

(Address) 3701 Garrison Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85032

E 85032

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 14-28 Ward)

Length of residence in city or town where death occurred (61) yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sophie Hirsh

(a) Residence: No. 212 S. Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) 11/3/1871

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	61	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Sophia Nail

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Emma M. Berry
(Address) 212 S. Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 2nd 1932

19. UNDERTAKER E. Jones
(Address) 111 S. Eutaw St

DEC 2 - 1932

20. FILED ... 19... Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/15, 1932 to 11/29, 1932

I last saw her alive on 11/29, 1932 death is said to have occurred on the date stated above, at 1:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema of Gall Bladder	11/15/32

Other contributory causes of importance:
Abdominal Adhesions
Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Aloha H. Coulter M. D.

(Address) Bon Secours Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85033 E 85033

CERTIFICATE OF DEATH

170

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S. Collington Ave Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Louise Schleutter

(a) Residence: No. 510 S. Collington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 16/34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	98	—	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown Germany

FATHER

13. NAME Wm Schleutter

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Eisenberger

(Address) 510 S. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 12/2 1932

19. UNDERTAKER Philip Helwig

(Address) 2016 Orleans St

20. FILED DEC 3 1932

Thurston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1932

22. I HEREBY CERTIFY, That I attended deceased from about Jan 1931 to Nov 30 1932

I last saw her alive on Nov 30 1932 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
entero colitis (senile)	
Other contributory causes of importance: exhaustion from extensive ulceration over sacrum (bedsore)	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) W. W. Wright, M. D.

(Address) 1610 E. Fallsway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85034 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85034

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp'l (Street) 18-20 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma L Skinner

(a) Residence: No. 421 W. Eutaw (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus Skinner

6. DATE OF BIRTH (month, day, year) 1883 - 16 May

7. AGE: Years 49 | Months 6 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Wm Dickinson Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sylvia Winn

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Augustus Skinner (Address) 421 W. Eutaw

18. BURIAL, CREMATION, OR REMOVAL Place Fredericksburg Va Date 12/3 1932

19. UNDERTAKER Samuel G Hemsley (Address) 578 W Biddle St

20. FILED DEC 2 - 1932 Hunter Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Diabetic Coma

Two hours

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William H. Hirst M. D. Coroner

(Address) .....

N. B.—WRITE PLAINLY, with pen and ink, and do not use lead pencil. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85035

CERTIFICATE OF DEATH

93-03

E 85035

1—PLACE OF DEATH

REGISTERED NO. 16-32

CITY OF BALTIMORE: (No.) 615 N. Carrollton ave (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Katherine Barron

(a) RESIDENCE NO. 615 N. Carrollton ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 27 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lorenzo Barron

6 DATE OF BIRTH (month, day, and year): 3/31/1859

7 AGE: Years 73 | Months 8 | Days 27 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic work

(b) General nature of industry, business, or establishment in which employed (or employer): General House Work

(c) Name of employer: at home

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John Hawkins

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Louise Bond

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Pauline Barron (Hamilton)

(Address) 615 N. Carrollton ave

15 Filed DEC 2 - 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/30/32

17 I HEREBY CERTIFY, That I attended deceased from Nov 28th, 1932, to Nov 30th, 1932,

that I last saw her alive on Nov 30th, 1932

and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

with Myocarditis

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical diagnosis

(Signed) J. T. Simon, M. D.

12/1, 1932 (Address) 522 N. Arlington ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

OWNER: Samuel T. Hemsley

DATE OF BURIAL: 12/3 1932

ADDRESS: 578 N Eutaw St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 85036

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85036

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 W Franklin St) (Ward 19-1)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Cora Smith

(a) Residence: No. 1503 W Franklin St Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James A Smith

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Richmond

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT James A Smith
(Address) 1503 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Dec 3, 1932

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Schroeder Ste.

20. FILED DEC 2 - 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1932 to Nov 30 1932

I last saw her alive on Nov 29, 1932. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocardi. Tis	10/1/32
Other contributory causes of importance:	

Name of operation ✓ Date of ....

What test confirmed diagnosis? ✓ Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ✓, 19....

Where did injury occur? ....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) H. N. Fletcher M. D.

(Address) 1220 Park Ave.

M. D. H. 1268-9

E 8503 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 85037

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 18-26

CITY OF BALTIMORE: (No. ..... St., ... Ward.

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph Williams

(a) Residence: No. 843 Vine st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 27, 1913

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
19	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ellicott City
(State or country) Maryland

FATHER

13. NAME James Williams

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary Woods

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 3, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 222 Aisquith St

20. FILED DEC 7 - 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26 1932 to December 1 1932

I last saw him alive on December 1, 1932. Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Apr 1931

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

Emmett A. Stone M. D.
(Signature of physician)
Baltimore City Hospitals
(Address)

INSTRUCTIONS: The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Avery

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85038

CERTIFICATE OF DEATH

E 85038

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 18-16 Ward) 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carrie Elizabeth Avery

(a) Residence: No. 405 Pakpleton St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (WIFE of) Clifton Peter Avery

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto - md

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Carrie

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Peter Avery

(Address) 405 N Pakpleton

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Zion Date 12-2 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Pakpleton St

Huntington Williams Reg.

20. FILED DEC 2 - 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1932 to Nov. 29, 1932

I last saw h.. alive on Nov. 29, 1932 Death is said to have occurred on the date stated above, at 12:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Sore Throat	11/24/32

Other contributory causes of importance:

Gen'l Septicaemia
Myocardial Failure

Name of operation None Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, state how.

(Signed) Morris Reese M. D.

(Address) Univ. Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85029

CERTIFICATE OF DEATH

E 85039

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 18-26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Betty Gray Avery

(a) Residence: No. 405 Pappleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 27, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. new born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. new born

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Univ. Hospital

FATHER

13. NAME Clifton Peter Avery

14. BIRTHPLACE (city or town) (State or country) Richmond. Va

MOTHER

15. MAIDEN NAME Carrie Eliz. Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT mother
(Address) 405 Pappleton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 12-2-, 1932

19. UNDERTAKER Mrs. Katie B. Williams
(Address) 37-2 N. Stricker St. Baltimore, Md.

DEC 2 - 1932

20. FILED ..... Registrar. Bobe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1932, to Nov. 29, 1932

I last saw h/9 alive on Nov 29, 1932. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Nov. 27th

Other contributory causes of importance: Maternal illness

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, state which .....

(Signed) J. Morris Hare M. D.
University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85040

Time of burial extended to 1:30 P.M.

E 85040

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2924 E. Baltimore St., Ward 8)

Length of residence in city or town where death occurred 6 yrs. ___ mos. ___ ds. How long in U.S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Thomas J. Schaefer Jr

(a) Residence: No. 2924 E. Baltimore St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 30 1926

7. AGE: Years 6 | Months 11 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: Thomas J. Schaefer Sr
14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER
15. MAIDEN NAME: Grace Stone
16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Marion Schaefer
(Address): 2924 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Cemetery Date: Dec 3 1932

19. UNDERTAKER: H. M. Lord
(Address): 1219 E. Fayette St

20. Filed: Dec 2 1932 Registrar: Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28th, 1932, to Dec. 1st, 1932.

I last saw him alive on Nov. 28th 1932 death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Nov 28 '32
Fatal Measles Encephalitis Lung	

Other contributory causes of importance:
Instability to Live Measles Exanthem

Name of operation: None. Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ____, 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Jones, M. D.
(Address) 1426 N. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 2 1932

1-30—M. & T.—100 B—50L

E 85041

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85041

CERTIFICATE OF DEATH

178-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital ST. 32-50 WARD)

2-FULL NAME Elizabeth C. Abell

(a) RESIDENCE NO Charles & 31st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. --- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S. Abell

6 DATE OF BIRTH (month, day, and year) ----------

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	---	---	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D. C.

PARENTS

10 NAME OF FATHER Milford Lackey

11 BIRTHPLACE OF FATHER (city or town) ----- (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaretta Laurenson

13 BIRTHPLACE OF MOTHER (city or town) ------- (State or country) Virginia

14 Informant Ben. Reber

(Address) Homewood Apartments

15 Filed DEC 2 - 1932 192 Huntington Willard, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1932.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiated by Gas.

Accidental

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Thos. Morrison, M. D. Coroner

12/1. 1932 (Address) 3632 Woodbine

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem.

DATE OF BURIAL 12/3 1932

20 UNDERTAKER Henry W. Mears Inc.

ADDRESS 805 W. Calvert

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85042

85042

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 Linden Avenue St. 14-90 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 6 mos. 12 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Joseph A. Pate

(a) Residence: No. 2000 Linden Ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Dreves

6. DATE OF BIRTH (month, day, year) May 19, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
74	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Joseph H. Pate

14. BIRTHPLACE (city or town) --- (State or country) Virginia

MOTHER

15. MAIDEN NAME Catherine Collins

16. BIRTHPLACE (city or town) --- (State or country) Virginia

17. INFORMANT Mrs. Theresa D. Pate

(Address) 2000 Linden Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date 12/3 1932

19. UNDERTAKER Henry W. Myers & Son

(Address) 2 E. Eutaw Street

20. FILED DEC 2 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1932

22. I HEREBY CERTIFY, That I attended deceased from 24 Nov 1932 to Nov 30 1932

I last saw h. alive on Nov 30 1932 Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Disease	
Other contributory causes of importance:	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. J. Love M. D.

(Address) 2211 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1248-9

E 85043 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85043

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 4 1-2-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas H. Blake

(a) Residence: No. 532 Johannsen st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Blake

6. DATE OF BIRTH (month, day, year) Dec. 24, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

FATHER

13. NAME Wesley Blake

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mutual Date Dec. 3 1932

19. UNDERTAKER Ebey O Wilson

(Address) 1000 N Fremtley av

FILED Dec 2 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1932 to Nov. 30, 1932

I last saw him alive on Nov. 30, 1932 Death is said to have occurred on the date stated above, at 3.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Apr 1932
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A Steen M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85044 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85044

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 S. Robinson St., 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret E. Tierney

(a) Residence: No. 20 S. Robinson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 2nd 1910

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
22	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John F. Tierney

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Cassell

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John F. Tierney

(Address) 20 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Dec. 1 . 19 32

19. UNDERTAKER Lilly Burial Ass'n

(Address) 1330 Mt. St.

20. FILED Dec. 2 . 19 32 Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from June 30 . 19 32 to Nov. 30 . 19 32

I last saw her alive on Nov. 30 . 19 32. Death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic Myocarditis	May 1932
Other contributory causes of importance: Hyperthyroidism	Jan 32

Name of operation None Date of ...

What test confirmed diagnosis? Clinical, Laboratory, X-ray etc. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 2 North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85045

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85045

93-003

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Hudson St., 26 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Meyers

(a) Residence: No. 3411 Hudson St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Pauline A. Meyers

6. DATE OF BIRTH (month, day, year) Mar. 20. 1849.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany
(State or country)

FATHER

13. NAME Joseph Meyers

14. BIRTHPLACE (City or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) Germany.
(State or country)

17. INFORMANT Pauline A. Meyers
(Address) 3411 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Dec. 19 32

19. UNDERTAKER Leitz & Jules Inc.
(Address) 103 E. Lafayette

20. FILED Dec 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14 . 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov 26th . 1932 to Dec 10th . 1932
I last saw ~~him~~ alive on Dec 10th . 1932 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11 27 32

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) David W. Jones, M. D.
(Address) 1011 E. Eager Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85046

E 85046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2798½ E. North Ave St. 15-68 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William C. Kenney

(a) Residence: No. 2798½ E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Kenney

6. DATE OF BIRTH (month, day, year) December 6, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stieff Co.

10. Date deceased last worked at this occupation (month and year) Sept. 1931

11. Total time (years) spent in this occupation 51yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Thomas Kenney

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Pricilla

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mrs. Ida Kenney

(Address) 2798½ E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Dec. 2 1932

19. UNDERTAKER Joseph Hooks

(Address) 2003 W. Baltimore St.

20. FILED DEC 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28 to Nov 30 1932

I last saw him alive on Nov 30 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Lavy, M. D.

(Address) 1844 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85047

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85047

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2215 Division St. 14-54 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Holt.

(a) Residence: No. 2215 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years 40 Months Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md.

FATHER

13. NAME Lynn Holt

14. BIRTHPLACE (city or town) (State or country) St Marys Md

MOTHER

15. MAIDEN NAME Ellen Young

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Wm. Hayse Holt. (Address) St Marys Co Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cemetery Date Dec 2, 1932

19. UNDERTAKER Thomas G Kelsey (Address) 1303 Pressman st.

20. FILED DEC 2 - 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Stenosis

Sudden

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

Coroner

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85048 268-9

E 85048

263539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

19

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSP.) St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Watkins

(a) Residence: No. 1301 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/16/30.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Watkins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alberta Hale

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec. 2 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Eastman St.

20. FILED ..... 19..... Registrar

DEC 2 - 1932 Huntington Hoffman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-30th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1932 to Nov 30 1932

I last saw him alive on Nov-30 1932 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Esophageal Stricture	8/1/32
Other contributory causes of importance:	
Pneumonia - Bronchial	11/23/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John A. Warthington M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 85049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 E 85049

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of Baltimore: (No.) 5337 Reisterstown Road (St.) (Ward) 24-55

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph Hoge

(a) RESIDENCE NO. 5337 Reisterstown Road Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie May Hoge

6 DATE OF BIRTH (month, day, and year) about Nov. 2, 1845

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	about 87		5	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Disabled
(b) General nature of industry, business, or establishment in which employed (or employer) War Veteran
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Detroit, Mich

PARENTS

10 NAME OF FATHER John Hoge

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Detroit, Mich

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Detroit, Mich

14 Informant Mrs. Carrie May Hoge
(Address) 5337 Reisterstown Road

15 [illegible] 19 [illegible]

DEC 2 - 1932 Huntington Williams, Inc.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Lee Mossman, M. D.

12/2 1932 (Address) 7632 Holabird

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cem.	12/5 1932
20 UNDERTAKER	ADDRESS
C. Vernon Lemmon	3-11 Parkside Apts.

M. D. B. 1268-9

E 85050

85050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

tv 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald Call

(a) Residence: No. Perryville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perryville, Md.

FATHER

13. NAME Herman Call

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Clottie Aker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Herman Call
(Address) Perryville, Md.

18. BURIAL, CREMATION, OR REMOVAL Cemetery Date Dec 6 1932

19. UNDERTAKER Wm A. Patterson
(Address) Perryville, md.

20. FILED Dec 6 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Dec~~ 2/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 5.15 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Otitis Media

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Vaccaro Coroner . M. D.

(Address) 508 E Pratt St

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E

ED 2-1932

M. D. H. 1268-9

E 35051 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 35051

CERTIFICATE OF DEATH

46V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 N. WASHINGTON STREET 6-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME FRANK E. BURY

(a) Residence: No. 104 N. WASHINGTON STREET St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine E. Bury

6. DATE OF BIRTH (month, day, year) Nov. 29-1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housepainter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Bury

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Catherine Bury

(Address) 104 N. Washington. Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 3 1932

19. UNDERTAKER Richard F. Cluley

(Address) 706 E. North Ave.

20. FILED DEC 2 - 1932 ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to Dec 1 1932

I last saw him alive on Nov 30 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	9/1/32

Other contributory causes of importance:

Cardiac Exhaustion

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Wilbur A. Rogers M.D.
(Wife or husband)

(Address) 901 W. Lanvale

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85052

E 85052 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 186-061

1. PLACE OF DEATH St Agnes Hospital 25-72 Registered No.

CITY OF BALTIMORE: (No. Caton & Wilkens Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Frances Wallis

(a) Residence: No. Belair, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert A Wallis

6. DATE OF BIRTH (month, day, year): Jany 4 1858

7. AGE: Years 74 | Months 10 | Days 28 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housedutus

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30?

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

FATHER

13. NAME: Phillip Lunsden

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Eliz Taylor

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Roland Wallis

(Address) 437 Evesham Ave Govans Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Dec 4 1932

19. UNDERTAKER: Dean & Foster

(Address) Bel Air Md

20. FILED DEC 2 1932 Huntington Williams, N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 13th 1932 to Dec 2nd 1932.

I last saw her alive on Dec 2nd 1932. Death is said to have occurred on the date stated above, at 9th A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intertrochantanc fracture rt femur	11-12-32
Cerebral Embolism	12-2-32

Other contributory causes of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George Gratio M. D.

(Address) St Agnes Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1265-9

Nellie Smith

E 85053

HEALTH DEPARTMENT—CITY OF BALTIMORE 85053

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Frederick Road (Other) St. 28 (Ward) 7

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Nellie Smith

(a) Residence: No. Burgreen Virginia St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col'd	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Burgreen Va

FATHER

13. NAME Black Name Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Do not know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Dr. Alfred T. Gundry
(Address) Ethol, Fred. Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Berwick (?) Date Dec 3 1932

19. UNDERTAKER John C. Waterman Sons
(Address) 1900 Eastern Ave

20. FILED ... 1932 Huntington Williams
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1901, to Dec 1, 1932

I last saw h[illegible] alive on Dec 1, 1932 Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Myocarditis of Renal Arteriosclerosis Hypertension 20 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Alfred T. Gundry, M. D.

(Address) Ethol Fred. Rd. Catonsville

Coroner's Physician

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

Teller

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85054

CERTIFICATE OF DEATH.

E 85054

107-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 407 S. Durham Street S 2-4 Ward)

2-FULL NAME William . Teller

(a) RESIDENCE NO. 407 S. Durham Street St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S., if of foreign birth? ___ yrs. ___ mos. ___ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) February 5 1931

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	1	9	25 24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Louis . Teller

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md.

12 MAIDEN NAME OF MOTHER Theresa . Solyssi

13 BIRTHPLACE OF MOTHER (city or town) Balto.

(State or country) Md.

14 Informant Mrs. Theresa Teller Mother

(Address) 407 S. Durham Street

Filed _____ 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 1 192 2

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Coroner (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocarditis

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Probable Chronic Nephritis

(duration) ___ yrs. ___ mos. 3 ds.

(Signed) [illegible] M. D. (Coroner)

12, 1932 (Address) 1305 N. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cem. Date of Burial: Dec. 5 1932

20 UNDERTAKER: John M Weber ADDRESS: Dec 3 1932

C 2-1932

OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85055

E 85055

CERTIFICATE OF DEATH

Registered No. 57

1. PLACE OF DEATH Emergency Hospital

CITY OF BALTIMORE: (No. Lombard & Eden St.,) 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Fuller

(a) Residence: No. 2663 O'Neill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo M. Fuller

6. DATE OF BIRTH (month, day, year) Feb 16 1875

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo. W. Stout

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie V. Ebaugh

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geo. M. Fuller

(Address) 1818 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 3rd 1932

19. UNDERTAKER Wm Cook

(Address) 1343 E. Pratt St

Huntington Williams, M.D.

FILED Dec 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932 to 12 1 1932

I last saw h[illegible] alive on 12 1 1932 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Oct 15 32
Arteriosclerosis Gallstones	1928

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Culture of blood Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. DeMarco Jr. M. D.

(Address) Emergency Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 2 - 1932

Spec.—1-30—M. & T.—250 Bks.

E 85056

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85056

108

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 230 N Carlton St. 18-26 (WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Jesse Snow

(a) RESIDENCE NO. 230 N Carlton St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Jesse Snow

6 DATE OF BIRTH (month, day, and year): Oct 26, 1903

7 AGE — Years: 29 — Months: 1 — Days: 5 — If LESS than 1 day, ... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Boot Black

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Selma N C

PARENTS

10 NAME OF FATHER: Henry Snow

11 BIRTHPLACE OF FATHER (city or town) (State or country): N C

12 MAIDEN NAME OF MOTHER: Jenetta Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): N C

14 Informant: Pearl Smith
(Address): 539 N Carrollton Ave

15 Filed ..... 19 ..... Registrar

Huntington Williams M.D.

12-7-1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 1, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 29, 1932 to Dec 1, 1932; that I last saw h[illegible] alive on Nov 30, 1932, and that death occurred, on the date stated above, at 6.30 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 03 ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. S. Howell M. D.

12/7 1932 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem

DATE OF BURIAL: Dec 3rd 1932

20 UNDERTAKER: A. Jones

ADDRESS: 111 S. Selma St.

CAUSE OF DEATH to be plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 85057 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85057

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1829 Eagle St. 14-1 (Ward) Registered No. V 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F Hofmann

(a) Residence: No. 1829 Eagle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augalena Hofmann

6. DATE OF BIRTH (month, day, year) Feb. 8 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Chas A Hofmann

(Address) 1829 Eagle St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12-5 1932

19. UNDERTAKER E & B Hardt

(Address) 115 E Read St

20. FILED DEC 5 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 3rd 1932 to Dec 2 1932

I last saw him alive on Dec 2nd 1932 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2/3 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Chas Hofmann M. D.

12/2/32 (Address) 1200 Hollins St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85058 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85058

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 3-5 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Bova

(a) Residence: No. 116 S. Albemarle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bova

6. DATE OF BIRTH (month, day, year) Dec 20, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 61	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Fruit Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Tony Bova

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Galurdia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary Romeo

(Address) 846 E. Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12-6 1932

19. UNDERTAKER Wendell Bland

(Address) 846 E. Pratt St

20. FILED 12-6-1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4.45 A.M.

The principal cause of death and related causes of importance were as follows:

Chr Myocarditis (Probable) ??

Date of onset

Other contributory causes of importance:

General Odema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. K. Bacon Coroner M. D.

(Address) 5086 North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

85059 100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85059

CERTIFICATE OF DEATH

93-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 E. Fayette ST. 4-N WARD)

2-FULL NAME Ada Ferrell

(a) RESIDENCE NO 715 E Fayette ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. 2 mos. 7 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel Ferrell

6 DATE OF BIRTH (month, day, and year) May 8 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	45	6	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home 037
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Amsterdam N.Y.

PARENTS

10 NAME OF FATHER Edward Kreiter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N Y State

14 Informant Samuel Ferrell
(Address) 715 E Fayette St

15 Filed DEC 3 1932 192 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ____ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute myocarditis

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Reuben, M. D.
Coroner

Dec 3, 19 32 (Address) 700 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel — DATE OF BURIAL 12-5 1932

20 UNDERTAKER Wendel J Duffel — ADDRESS 300 S. Eden

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

M. D. B. 1268-b

E 85060 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85060

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md. St. 4-6 (Ward))

Length of residence in city or town where death occurred 37 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ezekial Harris

(a) Residence: No. 36 E. Hughes St. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Harris

6. DATE OF BIRTH (month, day, year) 4-11 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	47	—1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 074

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation. —

12. BIRTHPLACE (city or town) Homing Village Va (State or country)

FATHER

13. NAME Robert Harris

14. BIRTHPLACE (city or town) Homing Village Va (State or country)

MOTHER

15. MAIDEN NAME Fanny Loehley

16. BIRTHPLACE (city or town) Gloucester Co Va (State or country)

17. INFORMANT Records Baltimore City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Johnson County Date 12-3 1932

19. UNDERTAKER Walter B. Young Sr (Address) 139 W. Hamburg St. Baltimore Md

DEC 3 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1932 to 11-29 1932

I last saw him alive on 11-29 1932 Death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	11-22-32
	over

Other contributory causes of importance:

None

Name of operation None Date of ____

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____ 19 ____

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

11-30-32 (Signed) Elmer Kirkendall Jr M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85061

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85061

CERTIFICATE OF DEATH

267401

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 6-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Baldman

(a) Residence: No. 4333 N. Linwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H Baldman

6. DATE OF BIRTH (month, day, year) June 27-1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John F Mann

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Margaret Benton

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park dec 5 1932

19. UNDERTAKER John Ulrich

(Address) 2008 Eutaw

20. FILED DEC 5 - 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec - 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1932 to Dec 7, 1932

I last saw h.. alive on Dec 7, 1932 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia: right upper & middle lobes.	11/27/32
Broncho-pneumonia - left lung.	
Myocardial failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R Carmichael Lily Cruman, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 85062

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85062

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Balto City Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 18-24 (Ward))

Length of residence in city or town where death occurred 16 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Pryor

(a) Residence: No. 936 Booth - St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Pryor -

6. DATE OF BIRTH (month, day, year) March 15 - 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 097

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME John Red.

14. BIRTHPLACE (city or town) (State or country) Farmville Va

MOTHER

15. MAIDEN NAME Lucy Watkins

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Hospital Records -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 12/3 1932

19. UNDERTAKER Charles G Cooper
(Address) 514 N. Calhoun st

DEC 3 - 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1932 to 11-29 1932

I last saw her alive on 11-29 1932 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast - regional metastasis	9-31
Other contributory causes of importance: Broncho Pneumonia	11-25, 32

Name of operation NO Date of .....

What test confirmed diagnosis? C.F. Was there an autopsy? W

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? S Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Bruce Selgrave M. D.

(Address) Balto City Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85063

E 85063 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Belmont Ave. St. 16-67 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Ward

(a) Residence: No. 3002 Belmont Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel M. Ward

6. DATE OF BIRTH (month, day, year) Oct 6. 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Co. Pa.

FATHER

13. NAME Nicholas J. Yost

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Ruth Ann Kohler

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Samuel M. Ward

(Address) 3002 Belmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Dec 3, 1932

19. UNDERTAKER John O. Mitchell Sons

(Address) 2 Eggs Estate Bldg

20. FILED Dec 3 1932 Hunting [illegible]

E 85063 Dec 3 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1932 to Dec 1 1932

I last saw her alive on Nov 30 1932 Death is said to have occurred on the date stated above, at 7.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	16 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jane C. Dickson M. D.

(Address) 3055 W. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85064 ✓ E 85064

E 85064

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 802 Sterling ST., 10-14 WARD)

2—FULL NAME Emma Dupree

(a) RESIDENCE NO. 802 Sterling ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Widow

6 DATE OF BIRTH (month, day, and year): 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic private family

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Samuel Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emma Jane Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Estella Green

(Address): 802 Sterling St

15 Filed DEC 3 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30-32

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Nov 30, 1932, that I last saw h[illegible] alive on Nov 30 1932 and that death occurred, on the date stated above, at 4 30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 0 yrs. 0 mos. 16 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? ✓

(Signed) Edward Fisher, M. D.

12-1-1932 (Address) 1612 E Monument

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury

DATE OF BURIAL: Dec 3 1932

20 UNDERTAKER: John W Henderson

ADDRESS 1502 E Monument St

Important. See instructions on back of certificates.

M. D. B. 1268-9

85065

HEALTH DEPARTMENT—CITY OF BALTIMORE 85065

CERTIFICATE OF DEATH

Registered No. 62

1. PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore and St. 6-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Marie Boston

(a) Residence: No. 1111 N. Calhoun St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

5a. If married, widowed, or divorced WIFE of / HUSBAND of: Rodney McCall (Common law)

6. DATE OF BIRTH (month, day, year): 3-6-1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	8	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Annapolis Md

FATHER

13. NAME: Jos. Boston

14. BIRTHPLACE (city or town) (State or country): Prince Anne Co Md

MOTHER

15. MAIDEN NAME: Ella ~~Boston~~ Bowie

16. BIRTHPLACE (city or town) (State or country): Prince George Co Md

17. INFORMANT (Address): Records Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date Dec 3 1932

19. UNDERTAKER (Address): Samuel M. Chase Sons 638 N. Gilmor

20. FILED DEC 3-1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-30-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-25-1932 to 11-30-1932

I last saw her alive on 11-30-1932. Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	11-2-32

Other contributory causes of importance:
Complete atrophy of papillae of tongue, marked stomatitis, pruritus vulvae and Bronchitis

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11-30-32 (Signed) Elmer Ligon M. D.

(Address) Balto City Hospitals

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-H 250R

E 85066 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85066

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 107-001

Registered No. 2-2-2

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred 2 yrs. 9 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth L. Pugh

(a) Residence: No. 3402 Mt. Pleasant Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 18, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Clinton C. Pugh

14. BIRTHPLACE (city or town) Balto Co. Md
(State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine E. Francis

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Clinton C. Pugh
(Address) 3402 Mt Pleasant Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Evergreen Cem Date Dec 5, 1932

19. UNDERTAKER Frederick Sansbury & Son
(Address) 4[illegible] Edmondson Road
Huntington Hill Station Md

20. FILED DEC 3 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-29-32, 19..., to 12-2-32, 19...

I last saw h[illegible] alive on 2:25 pm 12-2-32 19... death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - pneumonia	11-25-32

Other contributory causes of importance:
Cystic Gallbladder, Jaundice
Rheumatic Heart Disease

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. Ridgely F. Lemmon, M. D.

(Address) West Baltimore General Hospital

OCCUPATION is very important. See instructions on back of certificate. Exact statement of CAUSES OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should

M. D. H. 1268-9

Podles

85067

HEALTH DEPARTMENT—CITY OF BALTIMORE

No. 85067

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jakob Podles

(a) Residence: No. 961 Fait ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Podles

6. DATE OF BIRTH (month, day, year) 7-25-186?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	4	237	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sausage Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1886

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Poland,

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date Dec 5 1932

19. UNDERTAKER George A Miller
(Address) 701 N Eutaw St Baltimore, Md

20. FILED 1932, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-7 1932 to 12-2 1932

I last saw h alive on 12-2 1932 Death is said to have occurred on the date stated above, at 1:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into right internal capsule	11-2-32
Other contributory causes of importance: Bronchopneumonia	11-30-3

Name of operation None Clinical Date of —

What test confirmed diagnosis ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 —

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12-2-32 (Signed) Elmer Kirchberger M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 85068

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85068

CERTIFICATE OF DEATH

118

1—PLACE OF DEATH 1128 Russell St. REGISTERED NO. 11-31

CITY OF BALTIMORE: (No. 1128 ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henretta Brown

(a) RESIDENCE NO. 1128 Russell ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced (or) WIFE of: Henry Brown

6 DATE OF BIRTH (month, day, and year): 1895

7 AGE: 37 Years | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country):

12 MAIDEN NAME OF MOTHER: Caroline Burn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

14 Informant: Henry Brown
(Address)

15 Filed DEC 3 - 1932 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 30-1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 20 1932 to Nov 30 1932

that I last saw her alive on Nov 30 1932

and that death occurred, on the date stated above, at 4.40 P.M.

The CAUSE OF DEATH* was as follows:

Gastritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Acute Dilation of the heart

(duration) yrs. mos. ds.

Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Typical signs

(Signed) H. H. Stansbury M.D.

, 19 (Address) 501 N. Hamburg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Dec 4 1932

20 UNDERTAKER: Semmes Hayes

ADDRESS 142 W. Lexington St

Important. See instructions on back of certificates.

M. D. B. 1268-9

E 85069

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85069

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 7-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur L. Warnick

(a) Residence: No. 533 N. Potomac St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annabelle Warnick

6. DATE OF BIRTH (month, day, year) March 01 95

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler-maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Oil Co.

10. Date deceased last worked at this occupation (month and year) 12/2/32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Edwin Warnick

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Catherine Swope

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mrs. A. Warnick

(Address) 533 N. Potomac St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvert Cemetery Date Dec 5 1932

19. UNDERTAKER Henry Hoop Sons, Inc.

Address 1321 E. Baltimore St.

DEC 3 - 1932

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree burns of entire body	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/2 1932

Where did injury occur? Baltimore

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Scalded by steam - in stack

Nature of injury 2nd degree burns

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85070

CERTIFICATE OF DEATH

E 85070

66002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 E. Lafayette Ave. St., 8-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Simpson

(a) Residence: No. 1747 E. Lafayette Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced! HUSBAND of (or) WIFE of William H. Simpson

6. DATE OF BIRTH (month, day, year) June 21, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James R. McCurdy

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ida E. Heuisler

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. A. L. McCurdy

(Address) 1917 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Dec. 5, 1932

19. UNDERTAKER Joseph B. Cook

(Address) 1003 E. Baltimore St.

DEC 3 - 1932

Registrar Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 31 to Dec 1 32

I last saw her alive on Dec 2 nd, 1932 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	11/1/32
Other contributory causes of importance: Mental Insufficiency Exophthalmic Goitre moderate	11/16/31

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dan'l. Miller, M. D.

(Address) 1500 N. Broadway

OCCUPATION is very important. See instructions on back of certificate. Exact statement of PHYSICIANS should write DEATH in plain terms, so that it may be properly classified.

M. D. B. 1261-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85071 E 85071

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 E. Cross St., 24 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Dixon

(a) Residence: No. 414 E. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Dixon

6. DATE OF BIRTH (month, day, year) April 24 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Isaac Dixon

14. BIRTHPLACE (city or town) (State or country) Nansemond Co. Va.

MOTHER

15. MAIDEN NAME Mary Rogers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Margaret Riley

(Address) 414 E. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec. 5 1932

19. UNDERTAKER Richard F. Cluley

(Address) 1202 Hollins

FILED Dec 3 - 1932 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1932 to Dec. 1 1932

I last saw h/M alive on Dec. 1 1932 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Ceb~~ Cerebral Hemorrhage	11/3/32
Other contributory causes of importance: Exhaustion	11/30/32

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. Leo Campbell M. D.

(Address) 1644 Harlem

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

E 85072

PLACE OF DEATH

23 v E 85072

STATE OF MARYLAND
CERTIFICATE OF DEATH

County ..... Conway St

Registration Dist. No. .....

Village or City Baltimore (No. 633 W Conway St) Ward 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Arthur Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Color

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June 12, 1907 (Month) (Day) (Year)

7 AGE: 25 yrs. 5 mos. 19 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work .....
(b) General nature of industry business, or establishment in which employed or (employer) Saloon 040

9 BIRTHPLACE (State or country): Md

PARENTS

10 NAME OF FATHER: Chas Johnson

11 BIRTHPLACE OF FATHER (State or country): Md.

12 MAIDEN NAME OF MOTHER: Eleanor Robinson

13 BIRTHPLACE OF MOTHER (State or Country): Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Eleanor Robinson

(Address) 633 Conway St

C 3 - 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec 1st 192

Dec (Month) 1 (Day) 1932 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug 18 1932 to Nov 28 1932, that I last saw h alive on Nov 28 1932, and that death occurred on the date stated above, at 1040 P. m.

The CAUSE OF DEATH * was as follows:

Pulmonary Tuberculosis, (Duration) yrs. mos. ds.

Contributory Secondary (Duration) yrs 18 mos ds.

(Signed) John F Chapman M. D.

12/3/32 192 (Address) 1 E Penn

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Druid Ridge DATE OF BURIAL: 12/4 1932

20 UNDERTAKER: Isaiah C Brown Sons ADDRESS: 1018 W Mulberry

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Statement of OCCUPATION is very important. See instructions on back of certificate. CAUSE OF DEATH In plain terms so that it may be properly classified. Exact

M. D. B. 1268-9

85073

HEALTH DEPARTMENT—CITY OF BALTIMORE 85073

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Baltimore City Hosp

Registered No. .....

CITY OF BALTIMORE: (No. Baltimore and St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~Wm~~ Henry ~~Wm~~ Spencer

(a) Residence: No. 238 N. Mount St St., 19-7 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Dec 1 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Washington N. C

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Room City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Dec 5 , 1932

19. UNDERTAKER Joseph A. Lucky

(Address) 1109 N. Mount St

~~EMBALMED~~ Interment in Williams N.C.

DEC 3 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-5, 1932, to 12-1, 1932

I last saw h... alive on 12-1, 1932 Death is said to have occurred on the date stated above, at 5.45-a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease with Hypertension	?
Other contributory causes of importance: Hemorrhage into cerebrum	Feb 1932
Bronchopneumonia Terminal	11-27-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-1-32 (Signed) Ellen Highbarger M. D.

(Address) Baltimore City Hospitals.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

85074 E 85074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 N. Amity St. 15-26 WARD)

REGISTERED No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Beatrice Parish

(a) RESIDENCE No. 235 N Amity St. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 1912

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	20	10	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic Servic

(b) General nature of industry, business, or establishment in which employed (or employer) 07P

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER Walter Parish

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Maggie Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant (Address) Maggie Brown

15 Filed ..... 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/30/32

17

I HEREBY CERTIFY, That I attended deceased from Nov. 30, 19 32 to Nov. 30 19 32

that I last saw h[illegible] alive on Nov. 30, 19 32

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Primal Exhaustion about 10 day
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Tuberculosis (duration) yrs. 8 mos. 4 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? No.

What test confirmed diagnosis? Typical

(Signed) John H. Montgomery M. D.

12/1 19 32 (Address) 612 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL 12/3 19 32

20 UNDERTAKER Thomas E. Kelson — ADDRESS 1303 Pressman St

TION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Bks.

85075 Annie L White E 85075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2929 E Balto St) (Ward)

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie L White.

(a) RESIDENCE NO. 2929 E Balto ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, ~~or divorced~~
HUSBAND of (or) WIFE of John E. White

6 DATE OF BIRTH (month, day, and year) Jan 10 1859

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	9 10	12 32	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER John Warner.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Robert White 2929 E. Baltimore St. Huntington Methodist Home, Balto

15 Filed ... 19 ... Registrar

12-3-1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 2, 1932

that I last saw h-i- alive on Dec 1, 1932

and that death occurred, on the date stated above, at 7:30 Am.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? 6

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) H. Mc Tuley M. D.

12, 2 1932 (Address) 2936 E Balto.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: Dec 6 1932

UNDERTAKER: J. Henry Lutz — ADDRESS: 1203 N Broadway

TION is very important. See instructions on back of certificates.

M. D. B. 1266

E 85076

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85076

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Nellie Kennedy

(a) Residence: No. Baltimore Co. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Feb 14 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Charlestown Md.
(State or country)

FATHER

13. NAME John F Minnick

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Sarah A. Blair

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Long Green, Md. Date 12/5/1932

19. UNDERTAKER E J Fleming & Son
(Address) 1938 E Lafayette Ave Huntington Md

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1932 to Dec 2nd 1932

I last saw h.. alive on Dec 2nd 1932 Death is said to have occurred on the date stated above, at 8:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Cerebral Arteriosclerosis	Oct 32
Other contributory causes of importance:	
Senile Psychosis	Oct 32
Congestive Heart	

Name of operation? ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

21. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Arthur L. Livermore M. D.

(Address) Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

85077

E 85077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002

REGISTERED NO. 25-77

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Prudence St. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Dorothy Zlotkowski.

(a) RESIDENCE NO. 4401 Prudence St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) September 8, 1929

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	2	24	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Olean, N.Y.
(State or country)

PARENTS

10 NAME OF FATHER Alexander Zlotkowski.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Pennsylvania.

12 MAIDEN NAME OF MOTHER Clara Murdzia.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Olean, N.Y.

14 Informant Clara Zlotkowski. (mother)
(Address) 4401 Prudence St.

15 Filed DEC 3 - 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 2, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acquired Hydrocephalus.
Eclampsia.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Olean, N. Y.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Elliott Pennland, M. D.
Coroner

12/3/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Olean N. Y.

DATE OF BURIAL 12/6 1932

20 UNDERTAKER E. J. Fanning

ADDRESS 1738 E. Lafayette

N. B.—WRITE PLAINLY, with unfading ink. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85078

CERTIFICATE OF DEATH

E 85078

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital Ward) 210

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Brown

1a) Residence: No. Middleriver Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chase Md

FATHER

13. NAME Richard Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Clara Brown

(Address) 554 Orchard St

18. BURIAL, CREMATION, OR REMOVAL

Place Chase Md Date 12-4 1932

19. UNDERTAKER Jas Joseph B. Locke

(Address) 132 Patterson Ave

DEC 4 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 to 19

I last saw h alive on Injury, 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured L/F tibia & fibula Embolism (Cerebral)	11/27/32
Other contributory causes of importance:	
Struck by automobile	11/27/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 19

Where did injury occur? Philadelphia Rd White Marsh
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking

Nature of injury Walking Org Philad Rd 11/27/32

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Brown, M. D.
Coroner

(Address) 2200 E Monument

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85079

CERTIFICATE OF DEATH

E 85079

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 E. Biddle St. 10-14 Ward)

Registered No. 49-201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Brown

(a) Residence: No. 908 E. Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrold Brown

6. DATE OF BIRTH (month, day, year) March 25 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balti,ore, Md.

FATHER

13. NAME Ambrose J. Kennedy

14. BIRTHPLACE (city or town) (State or country) Waxford, Ireland

MOTHER

15. MAIDEN NAME Annie E. McDonald

16. BIRTHPLACE (city or town) (State or country) Dublin, Ireland

17. INFORMANT Wm. P. Kennedy

(Address) 908 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Dec 5, 1932

19. UNDERTAKER Edmund H. Franklin

(Address) [illegible]

Filed ... 19 ... Registrar.

DEC 4 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Dec 2/32
Other contributory causes of importance: Probably Angona Pectoris	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. J. Bruen M. D.

Coroner

(Address) 908 E. Biddle

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—5-19-13—M. & T.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85080

E 85080

CERTIFICATE OF DEATH.

92001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1213 Etting St.; WARD 17-24

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Shufflin

(Residence in Baltimore: No.) 1212 Etting St.; 17 yrs., mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. Colard

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widowed

6-DATE OF BIRTH, ..., 1850
(Month) (Day) (Year)

7-AGE, 82 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Labor
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country), King George Co Va

PARENTS.

10-NAME OF FATHER, James Shanklin

11-BIRTHPLACE OF FATHER (State or Country), King George Co Va

12-MAIDEN NAME OF MOTHER Don't Know

13-BIRTHPLACE OF MOTHER (State or Country), Don't Know

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Nannie Willis

(Address) 1212 Etting St

15-

Filed DEC 4 1932 Huntington Williams, M.D. Registrar. B. C. H.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec - 2 - 2 - 1932
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov 22 1932, to Dec 1932, that I saw him alive on Dec-1- 1932, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) S D Hughes M.D.

Dec 2 1932 (Address) 1413 Druid Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mount Auburn Cemetery

DATE OF BURIAL, Dec 5, 1932

20-UNDERTAKER John H Owens

ADDRESS 538 Dolphin St

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 85081

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85081

V 93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 1917

CITY OF BALTIMORE, (No.) 1917 W. Franklin St. (Ward) 20-27

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Garfield Harris.

(a) RESIDENCE NO. 1917 W. Franklin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 13 ds. How long in U. S., if of foreign birth? 50 yrs. 0 mos. 13 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel A. Harris

6 DATE OF BIRTH (month, day, and year): Nov 20 1882

7 AGE — Years: 50 — Months: 0 — Days: 13 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Postal Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): Post Office

(c) Name of employer: U.S. Government

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Wm. H. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Emma A. Sides

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto. Md.

14 Informant (Address): Mrs. Mabel A. Harris (wife) 1917 W. Franklin St.

15 Filed DEC 4 - 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 3 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 8, 1932, to Dec 1, 1932.

that I last saw him alive on Dec 1, 1932.

and that death occurred, on the date stated above, at 2:00 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis chronic

(duration) 2 yrs. X mos 5 ds.

CONTRIBUTORY X (Secondary)

(duration) X yrs. X mos. X ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? No Date of X

Was there an autopsy? no

What test confirmed diagnosis? my ears

(Signed) H. Huntington Williams, M. D.

, 19 (Address) 1200 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Dec 5 1932

20 UNDERTAKER: Stewart & Company — ADDRESS: Balto

F. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85082

CERTIFICATE OF DEATH

E 85082

13-002

Registered No.

1. PLACE OF DEATH Church Home + Infirmary

CITY OF BALTIMORE: (No. Fairmount + Broadway St., W. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 12 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mrs. Emma V. O'Donnell

(a) Residence: No. Rolling Road, Catonsville Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James O'Donnell

6. DATE OF BIRTH (month, day, year) Feb. 2, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lewis A. Reinhardt

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emma Bell.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT James O'Donnell

(Address) Chilfrens ave + Rolling Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date 12/5 1932

19. UNDERTAKER Henry A. Myers & Son

(Address) 805 N. Calvert St.

20. FILED DEC 4 - 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1932 to ~~Nov.~~ Dec. 2, 1932

I last saw her alive on Dec. 2, 1932 Death is said to have occurred on the date stated above, at 11 20 A.m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Dysentery [B. Dysenteriae (Park)]	Nov. 15, 1932

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Clinical + Bacteriological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Webber Young M. D.

(Address) Church Home + Infirmary Baltimore.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85083

CERTIFICATE OF DEATH

V 131 E 85083

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. 15-58 ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Walter L. Watson

(a) RESIDENCE NO. 4679 Park Hts. Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. —mos. —ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pattie Watson

6 DATE OF BIRTH (month, day, and year) July 8 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	4	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer) Merchandise Sales

(c) Name of employer Self Rochester N. Y.

9 BIRTHPLACE (city or town) (State or country) Easton Talbot Md

PARENTS

10 NAME OF FATHER William L. Watson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Emma Burton

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Hospital Records

(Address) Md. General Hospital

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 2. 1932

17

I HEREBY CERTIFY, That I attended deceased from 12-1, 1932, to 12-2, 1932, that I last saw h[illegible] alive on 12-2, 1932 and that death occurred, on the date stated above, at 2 35 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. L. Chaney, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec 5 1932
20 UNDERTAKER	ADDRESS
Chas. S. Slade	742 N. Monta[illegible]

DEC 4 - 1932

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

I-30—M. & T.—100 B—50L.

E 85084

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85084

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt Gen Hosp ST. 22-52 WARD)

2-FULL NAME John Camp Butler

(a) RESIDENCE NO 4313 Roland ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. .. mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louise King

6 DATE OF BIRTH (month, day, and year) July 6 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ...min.
	71	4	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer) own 054
(c) Name of employer Equitable

9 BIRTHPLACE (city or town) (State or country) Norfolk Va

PARENTS

10 NAME OF FATHER Reuben M Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Columbia V. Shaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Mrs Louisa Butler Hanson

(Address) 4313 Roland ave

15 Filed DEC 4 1932, 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis
Angina Pectoris

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) James M Fenton, M. D.
Coroner

Dec 4 1932 (Address) 705 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Greenmount Cemetery	Dec 5 1932
20 UNDERTAKER	ADDRESS
Chas. J. Black	742 W. Fayette ave

M. D. B. 1268-9

E 85085 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85085

CERTIFICATE OF DEATH

6-9 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 E. Fayette St. St. 6 Ward)

Length of residence in city or town where death occurred About 65 yrs. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Magdalen Berdolt.

(a) Residence: No. 1924 E. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced (or) WIFE of John Berdolt

6. DATE OF BIRTH (month, day, year) Jan. 14th 1844.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	88	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME ? Knockamp

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry Schreiber (Son)

(Address) 1935 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Dec. 5, 1932

19. UNDERTAKER Lilly & Zeiler, Inc.

(Address) 403 S. Wolfe St.

20. FILED ..... 16... Registrar.

DEC 4 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1932 to Nov 30, 1932

I last saw h[e]r alive on Nov 30 32 Death is said to have occurred on the date stated above, at 9.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	11-28-32
Other contributory causes of importance:	
Lobar pneumonia	?

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Kelly M. D.

(Address) 1937 Gough St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85086

CERTIFICATE OF DEATH

E 85086

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2807 Orleans St. 6-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Catherine Sachs

(a) Residence: No. 2807 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of John Sachs

6. DATE OF BIRTH (month, day, year) Nov 27 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Frederick Mertz

14. BIRTHPLACE (city or town) Metz (State or country) Germany

MOTHER

15. MAIDEN NAME Fredericke Unknown

16. BIRTHPLACE (city or town) Metz (State or country) Germany

17. INFORMANT John Sachs (Address) 2807 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Dec 6, 1932

19. UNDERTAKER Josiah Sykes (Address) 600 N. North Ave.

20. FILED Dec 6 1932 Harrington Clerk Registrar.

EC 4 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932 to Dec 3, 1932

I last saw h[illegible] alive on Dec 2, 1932 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/15/32
Other contributory causes of importance: Acute Cardiac Dilatation	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) William T. Roach M. D.

(Address) 801 N. Kenwood Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 85087

HEALTH DEPARTMENT—CITY OF BALTIMORE

54 E 85087

CERTIFICATE OF DEATH

1—PLACE OF DEATH Mt. Hebrew Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No.) ST. (WARD) 15-31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Dr. Caleb Darsey

(a) RESIDENCE NO. 1659 W. North Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Irma Bine Darsey

6 DATE OF BIRTH (month, day, and year): Nov-22-1870

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	62	1	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particolar kind of work: Dentist

(b) General nature of indostry, bosiness, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland

PARENTS

10 NAME OF FATHER: Reuben Darsey

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Elizabeth Klopfl

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Hospital Records

(Address)

15 Filed: Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1932

17

I HEREBY CERTIFY, That I attended deceased from 11-10, 1932, to 12-2, 1932,

that I last saw him alive on 12-2, 1932

and that death occurred, on the date stated above, at 11:48 P m.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus

Arterio-Sclerosis

(doration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene

(doration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? Yes Date of 11-23-32

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) Mt. Hebrew Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Soicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery — DATE OF BURIAL: Dec. 6 1932

20 UNDERTAKER: Joseph Syfer — ADDRESS: 1600 W. North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

EC 4-1932

M. D. B. 1268-9

E 85088 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85088

CERTIFICATE OF DEATH

97-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 N. Chapel St. 1-19 Ward)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pancratius Boeh

(a) Residence: No. 916 N Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Boeh

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Catherine Boeh
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 6 1932

19. UNDERTAKER Frank Grack & Son
(Address) 1946 Eastern Ave

DEC 7 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 32 to Dec 1 32 19.....

I last saw him alive Dec 1 1932. Death is said to have occurred on the date stated above, at 5A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
(1) Mr. Valvular Heart Disease	Sept 13

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William J Reydaver M. D.

(Address) 801 Edmondson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 85089

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85089

CERTIFICATE OF DEATH.

V 7131

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 2040 W Saratoga St (Hospital, Street, or Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William T Seabury

(a) RESIDENCE No. 2040 W Saratoga ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 7/16 - 1879

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	17 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Doctor

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (City or town) (State or country) Washington Conn

PARENTS

10 NAME OF FATHER Robert Seabury

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Frelia Swift

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Washington Conn

14 Informant Wm H Charles

(Address) Washington Conn

15 Filed Dec 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1932

17

I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Dec 2, 1932

that I last saw him alive on Dec 2, 1932;

and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Organic cardiac lesion & chronic nephritis

(duration) 2 yrs. mos — ds.

CONTRIBUTORY (Secondary) Uraemia.

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W Bruns and Hoard M. D.

12/3, 1932 (Address) 2216 Garrison Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington Conn — DATE OF BURIAL Dec. 6 1932

20 UNDERTAKER Fred McCully — ADDRESS 128 E Fort ave

DEC 6 - 1932

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85090 E 85090

CERTIFICATE OF DEATH

Registered No. 32-001

1. PLACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division Ave.) Ward 14-20

Length of residence in city or town where death occurred..... yrs. mos. 10 ds. How long in U. S. if of foreign birth?..... yrs. ..... mos. ..... ds.

2. FULL NAME Barton W Lute

(a) Residence: No. Princess Ann Academy St., Somerset Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~ Virginia W Lute

6. DATE OF BIRTH (month, day, year) Sept 15 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Portrait Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Richard A Lute

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Elizabeth Beasley

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Virginia W Lute

(Address) 1021 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Cem Date Dec 6 1932

19. UNDERTAKER Samuel H Frazier & Son

(Address) 634 N Gilmor St

Huntington Williams, M.D.
Registrar.

DEC 8 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1932 to Dec 3 1932

I last saw him alive on Dec 3 1932 Death is said to have occurred on the date stated above, at 8:10 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	11-11-32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Blood examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B Harris M. D.

(Address) Provident Hospital

X. B.—WHILE PERFECT, WITH EXPLANATIONS IN THE SPACES PROVIDED, information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

Hawson

HEALTH DEPARTMENT CITY OF BALTIMORE

E 85091 E 85091

CERTIFICATE OF DEATH

122-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mt Hope Retreat St. 28-63 Ward)

Length of residence in city or town where death occurred 58 yrs. 4 mos. ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elias E. Hawson

(a) Residence: No. Mt Hope Retreat St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Morris A Hawson

14. BIRTHPLACE (city or town) (State or country) Utica New York

MOTHER

15. MAIDEN NAME Sophia Robertson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mt Hope Records
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Green M.E. Cem. Date 12/5 1932

19. UNDERTAKER Philip Herring & Co
(Address) 204 Baltimore St Huntington Williams, N.Y.

DEC 5 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932 to Dec 1, 1932

I last saw h[illegible] alive on Dec 1, 1932 death is said to have occurred on the date stated above, at 4. a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	
Sudden	

Other contributory causes of importance:

Senile Myocardial Degeneration	Sept

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hall, M. D.
(Address) Mt Hope Retreat

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85092 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85092

CERTIFICATE OF DEATH

Registered No. 93203

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2533 Mc Henry St. 20-69 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Gustav Doblemann

(a) Residence: No. 2533 Mc Henry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma L. Doblemann

6. DATE OF BIRTH (month, day, year) April 3rd 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME G. Doblemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. G. Doblemann

(Address) 2533 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/5/32

19. UNDERTAKER F. B. Kappert

(Address) 1301 Eutaw Place

20. FILED DEC 5 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/32

22. I HEREBY CERTIFY, That I attended deceased from June 1 1929 to Dec 1 1932

I last saw h— alive on Nov 30 1931 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Senile debility

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard F. Tompert M. D.

(Address) 7304 Arunah Ave

N. B.—WRITE LEGIBLY, with ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85093 (Weller) E 85093

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH Balto City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 23 Ward 31)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John P. Weller

(a) Residence: No. 1013 S. Sharp St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Connie Weller

6. DATE OF BIRTH (month, day, year) 4-25-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Henry Weller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Adelin Claudy

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Balto City Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/6/31

19. UNDERTAKER F. B. Shipley

(Address) 1200 Eastern Ave

20. FILED 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-2 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1931 to 12-2 1931

I last saw h[illegible] alive on 12-2 1931 Death is said to have occurred on the date stated above, at 1.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Esophagus a regional Metastasis	1931
Uremia -	11-28-31

Other contributory causes of importance:

Name of operation NO Date of .....

What test confirmed diagnosis? CF Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Bruce Lehofer M. D.

(Address) Balto City Hospitals

E 85093

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 4 1932

M. D. B. 1268-9

2 Jean V

E 85094 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85094

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. Monument St. - Rutland Ave - 13 Ward)

Registered No. X 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth ..yrs. ..mos. ..ds.

2. FULL NAME M. Ferdinand Wedeman (WEDEMAN)

(a) Residence: No. Illinois Ave - Bryant St., Ward. (Baltimore Md)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Pauline Wedeman

6. DATE OF BIRTH (month, day, year) Dec 30-1874

7. AGE: Years 58 | Months 1 | Days 1 | If LESS than 1 day, ..hrs. or ..min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ferdinand Wedeman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wedeman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Pauline Wedeman

(Address) Baltimore Highlands

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12/5/32

19. UNDERTAKER F. B. Furbush

(Address) 1300 Eutaw Place

20. FILED Huntington Williams 12/4-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/32

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1932 to Dec 1 1932

I last saw h. alive on Dec 1 1932 Death is said to have occurred on the date stated above, at 9:57 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis Peritonitis	Nov 27

Other contributory causes of importance:

Uremia
Bronchopneumonia

Name of operation Appendectomy Date of Nov 28 1932

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

Information should be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

3 Teaneck ✓

E 85095 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85095

CERTIFICATE OF DEATH

1. PLACE OF DEATH Centennial Office
CITY OF BALTIMORE: (No. University Hospital St. 20-69 Ward) 18
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth 19 yrs. mos. ds.

2. FULL NAME Joseph Auburger Sr
(a) Residence: No. 2504 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Auburger

6. DATE OF BIRTH (month, day, year) Jan 22 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Continental Can Co.
10. Date deceased last worked at this occupation (month and year) 12/2/32
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Joseph Auburger Sr
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Auburger
(Address) 2504 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Cemetery Date 12/6/32 19

19. UNDERTAKER F. B. Wisnom
(Address) 1200 Eastern Ave

FILED DEC 4 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19
I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree burns of entire body	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/2 19 32
Where did injury occur? Balto. Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of Injury Scalded by Steam in mill
Nature of Injury Burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Zeller M. D.
Coroner
(Address) 2139 Eastern Ave

M. D. R. 1268-0

E 85096

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85096

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital - St. 27-4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Ozella B. Smith

(a) Residence: No. 3209 Bativia Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Santelli

6. DATE OF BIRTH (month, day, year) Dec 16-1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	3 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore County, Md.

FATHER

13. NAME

14. BIRTHPLACE (City or town) (State or country) Penn. Dutch

MOTHER

15. MAIDEN NAME Baltimore County, Md.

16. BIRTHPLACE (City or town) (State or country) Catonsville Brown Cyndy Md.

17. INFORMANT Henry Ellsworth Smith

(Address) 3209 Bativia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westerly Date 12/6/32 19

19. UNDERTAKER H. S. Rutter & Son

(Address) 3209 Bativia Ave

20. FILED DEC 4 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3- 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17th 1932 to December 3rd 1932

I last saw h.m alive on Dec. 3rd 1932 Death is said to have occurred on the date stated above, at 8 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	1928
Chronic Myocarditis -	
Chronic Nephritis -	

Other contributory causes of importance:

Toxemia, incident to chronic uremia	12/2/32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kornisch M. D.

(Address) 22 Gryds Hosp

N. B.—Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85097

CERTIFICATE OF DEATH

E 85097

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1-3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Samuels

(a) Residence: No. 2226 E. Lombard St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 28/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Louis Samuels

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ella Cohen

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Louis Samuels
(Address) 2226 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 12-4-. 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

DEC 4 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on 3 30 pm Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 day

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Fayette

Information called for on this certificate is required by law. Please answer all questions fully and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Name and address of informant must be given. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85098

CERTIFICATE OF DEATH

E 85098

93-003
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 532 Wilmot St., 4-20 (Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Rundall

(a) Residence: No. 532 Wilmot St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Rundall

6. DATE OF BIRTH (month, day, year): 1877

7. AGE: Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Mitchellville Md

FATHER

13. NAME: Abraham Jones
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): John Rundall 532 Wilmot

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 12/5/32

19. UNDERTAKER (Address): Wm. Geo. H. Holland 1031 Druid Hill Ave

Huntington Williams, N.Y.
Registrar.

DEC 5 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2nd, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Myocarditis 3 months

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Required ... an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Smith Coroner, M. D.
(Address)

Instructions: Fill in all items. Use ink. Print plainly. Write in the state CAUSE OF DEATH in plain terms, so that it may be properly classified. State OCCUPATION in very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85099 E 85099

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 16-31 Ward)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Carroll

(a) Residence: No. Balto. City Hosp. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78 ?	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospls.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 12/4/, 1932

19. UNDERTAKER Mrs. Eug. H. Holland
(Address) Huntington Wellness, N.Y.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1929 to Dec 1, 1932
I last saw her alive on Dec 1, 1932 Death is said to have occurred on the date stated above, at 5:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	
Carcinoma of Right Antrum with metastases	
Other contributory causes of importance:	
Diabetes Mellitus	
Nephritis	
Senile Psychosis with Deterioration and Confusion	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry E. Edgerton M. D.
(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

C 4-1932

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85100

CERTIFICATE OF DEATH

E 85100

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Franklintown Road St., 16-64 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles M. Cramer,

(a) Residence: No. 612 Franklintown Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A. Grace Cramer,

6. DATE OF BIRTH (month, day, year) February 19. 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Graceheim Md.

FATHER

13. NAME William J. Cramer,

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah E. Hull,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs A. Grace Cramer (Address) 612 Franklintown Road

18. BURIAL, CREMATION, OR REMOVAL Place Thurmont Md. Date DEC 6 1932 19

19. UNDERTAKER Geo W. Little (Address) Thurmont, Md.

DEC 4 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 3 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1932 to Dec 3 1932

I last saw him alive on Dec 3 1932 Death is said to have occurred on the date stated above, at 3.20 p. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 11/30/32

Other contributory causes of importance: Arteriosclerosis — 11/1/32
Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Hammaker M. D.

(Address) Thurmont, Md.

state CAUSE OF DEATH in plain terms, so that it may be understood by a layman. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85101

CERTIFICATE OF DEATH

E 85101

79-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., No-W Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alberto Naddeo

(a) Residence: No. 3219 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 26, 1923

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Giuseppe Naddeo

14. BIRTHPLACE (city or town) Italy
(State or country)

MOTHER

15. MAIDEN NAME Anna Renzi

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Ettore Naddeo
(Address) 3219 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 5, 1932

19. UNDERTAKER Geo. J. Pentz Inc
(Address) 1730 Whitelock Ave.

Filed DEC 4 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1932 to Dec 3 1932

I last saw him alive on Dec. 3 1932. Death is said to have occurred on the date stated above, at 11:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis - Pneumococcus Type III	10 days
Other contributory causes of importance: Broncho-pneumonia	2 days

Name of operation Spinal puncture Date of

What test confirmed diagnosis? Clinically Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. R. Cohen M. D.

(Address) Sinai Hospital

Information asked for on this certificate is necessary for the registration of the death. Fill in all items in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

M. D. S. 1268-9

E 85102

263139
FEL.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85102

CERTIFICATE OF DEATH

+ 56

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. ..... St. 1-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME CATHERINE WALKE

(a) Residence: No. FRIENDSHIP — Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) DEC 30-1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) MARYLAND

FATHER

13. NAME EMIL WALKE

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME Louise WESTINGHOUSE

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Rd Date Dec 6 1932

19. UNDERTAKER S L Hopkins & Son
(Address) Huntington Ave & Rd

20. FILED DEC 4 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 7-18-1927 to 12-4-1932

I last saw he alive on 12-4-1932 Death is said to have occurred on the date stated above, at 10½ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease.	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John H. Hawkins Taylor M. D.

(Address) Johns Hopkins Hospital

N. B.—Write plainly, as carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 85103

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85103

CERTIFICATE OF DEATH

XV 124-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Elizabeth Knox

(a) Residency: No. Longwood — Howard Co, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Andrew J. Knox

6. DATE OF BIRTH (month, day, year) Apr 6th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
58	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Ed Murray

14. BIRTHPLACE (city or town) (State or country) Allentown Pa.

MOTHER

15. MAIDEN NAME Ed Murray

16. BIRTHPLACE (city or town) (State or country) Allentown Pa

17. INFORMANT Andrew J. Knox

(Address) 678 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Salem (Upper Falls Md) Date Dec 6th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1932 to December 3, 1932

I last saw her alive on December 3, 1932 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage	Nov 23 32
Carcin Intestinal Obstruction	July 1932

Other contributory causes of importance:

Operative Trauma

Carcinoma of Liver

Name of operation Gastro-Enterostomy Date of Nov 25 1932

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ...Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. R. Cohen, M. D.

(Address) Sinai Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION in very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 85104

Eda E Knight

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85104

CERTIFICATE OF DEATH

92-001

1-PLACE OF DEATH

City of Baltimore: (No.) 2817 W. Garrison St. (Ward) 45-61

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eda E. Knight

(a) RESIDENCE NO. 2817 W. Garrison St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widowed

5a If ~~married,~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Ellison C. Knight

6 DATE OF BIRTH (month, day, and year) Mar 3rd 1862

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
70	8	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer: Self

9 BIRTHPLACE (city or town) Peru
(State or country) Ill

PARENTS

10 NAME OF FATHER Timothy Taylor

11 BIRTHPLACE OF FATHER (city or town)
(State or country) England

12 MAIDEN NAME OF MOTHER Elizabeth Johnson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

14 Informant Elsie R. Appleby
(Address) 2817 W. Garrison Ave

15 Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Pneumonia & Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

12/3, 1932 (Address) 3632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet	Dec 5th 1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St. Paul St.

N. B.—WHITE PLAINLY, WITH UNFADING INK. ALL BLANKS must be filled. Information should be carefully supplied. AGE should be stated EXACTLY.' PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85105 E 85105

CERTIFICATE OF DEATH

V 210-001

Registered No. 32

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital (Street) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas S. O'Neil

(a) Residence: No. 2603 Annapolis Road St., Ward. Westport

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Annie O'Neil

6. DATE OF BIRTH (month, day, year) Apr 18th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman Co

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Annie O'Neil

(Address) 2603 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 7th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED DEC 8 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry 19 to 19

I last saw h alive on inquiry 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Depressed fracture of skull	12/2/32
Other contributory causes of importance: Automobile Accident	12/2/32

Name of operation Decompression Date of 12/3/32

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/2 1932

Where did injury occur? Center & Tyson St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Fell off of moving truck

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph O'Konny M. D. Coroner

(Address) 2200 E Madison St

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. H. 4268-0

E 85106

E 85106 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 27-48 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME George Ella Stockdale

(a) Residence: No. 6017 Bellona Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 18th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto Co (State or country) Md

FATHER

13. NAME Benjamin Stockdale

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Hannah Lukens

16. BIRTHPLACE (city or town) Harford Co (State or country) Md

17. INFORMANT Wm H. Varney

(Address) 6017 Bellona Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 12/6/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

DEC 5 - 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1932 to Dec. 4 1932

I last saw her alive on Dec. 4 1932 Death is said to have occurred on the date stated above, at 7:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	11/16/32
Lobar pneumonia	11/21/32

Other contributory causes of importance:

Hydronephrosis	?
Generalized arterio-sclerosis	?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) D. McL. Currie, M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Indefinite or illegible terms will be returned. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85107

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85107

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd Levard Hospital 34

CITY OF BALTIMORE: (No. 1512 W. Gilmor St., 12 - 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Moore

(a) Residence) No. 2210 Mace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida moore

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) s

MOTHER

15. MAIDEN NAME Caroline Simms

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Mary Smothers

(Address) 115 W. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemtery Date Nov 5 32

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st

DEC 6 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1932 to Nov 30 1932

I last saw h alive on Nov 30 1932 Death is said to have occurred on the date stated above, at 4:55 PM

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation — Date of onset Oct 1

Hemiplegia

Other contributory causes of importance:

Bronchitis

Arterio Sclerosis

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. R. Boykin M. D.

(Address) 1512 Gilmor

Information necessary to complete and correct this certificate should be obtained from the most reliable person available. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 85108

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85108

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 734 Druid Hill Ave) (Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edna M. White

(a) Residence: No. 734 Druid Hill Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph White

6. DATE OF BIRTH (month, day, year) Nov. 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Eli Bailey

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary F. Wilson
(Address) 734 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Nov 5, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st

20. FILED DEC 5 1932 Hamilton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/32

22. I HEREBY CERTIFY, That I attended deceased from 11/25/32, 19..., to 12/1/32, 19...

I last saw her alive on 12/1/32, 19..... Death is said to have occurred on the date stated above, at 6:45 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage - 11 months	Nov 32

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) A. Lee [illegible] M. D.

(Address) 734 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

E 85109

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85109

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 567 Oxford St. 17-24 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lovinia Evans

(a) Residence: No. 567 Oxford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1855

7. AGE: Years 77 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 070

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Benj Wright

14. BIRTHPLACE (city or town) (State or country) Md Indian

MOTHER

15. MAIDEN NAME Mary E Pullen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Florence Hill

(Address) 567 Oxford

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 31. 32

19. UNDERTAKER Daniel Easton

(Address) 516 E Pratt

19. FILED DEC 5 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31. 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 29. 32 to Dec 31. 32

I last saw h alive on Dec 29. 32 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis Senile

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85110

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85110

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3829 Hickory Ave St. 13-52 Ward

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Harris

(a) Residence: No. 3829 Hickory Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie E. Harris.

6. DATE OF BIRTH (month, day, year) Feb 26, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
79	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Right. 046

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Wm. Harris

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Rachel Bambgitz

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Eva Harris

(Address) 3829 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Hamden Date Dec 6, 1932

19. UNDERTAKER Chinowth & Son.

(Address) 3612-12 Chestnut Ave.

20. FILED DEC 5 - 1932 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1930 to Dec 3, 1932

I last saw h... alive on Dec 2, 1932. Death is said to have occurred on the date stated above, at 5a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio. Vascular. Renal.	
Disease. Hist-pneu	
progressive Paralysis of	
the aged	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis Postmortem Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. W. Wedenhoven M. D.

(Address) 850 E. 36 St.

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

E 85111

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85111

CERTIFICATE OF DEATH

x 46 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square (St.) Harford (Ward) 19

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary C Beck

(a) Residence: No. 5 Chestnut ave Overlea

(Usual place of abode) St., ... Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married, Widowed,~~ or Divorced (write the word)
female	white	~~widowed~~ Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Beck.

6. DATE OF BIRTH (month, day, year) Aug 11, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME John J. Engelmann

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Emma J. Bentzel

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mrs. Thelma Deimel.

(Address) 5 Chestnut Ave. Overlea.

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date Nov 5, 1932

19. UNDERTAKER Thanowitz Son.

(Address) 3015-17 Chestnut Ave.

20. FILED DEC 5 - 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-28, 1932 to 12-1, 1932

I last saw her alive on 12-1, 1932. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid colon	May 1931

Other contributory causes of importance:

Name of operation Colostomy Date of 11-29-32

What test confirmed diagnosis Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) L. B. Grove, M. D.

(Address) Franklin Sq Hospital

M. D. B. 1268-9

85112

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85112

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1945 Ramsay St. 70-26 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Collins

(a) Residence: No. 1945 Ramsay St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Collins

6. DATE OF BIRTH (month, day, year) June 17, 1864 (1865)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Mat. 60 Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jno. Robinson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah A. Wheeler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph A. Collins

(Address) 1945 Ramsay St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12/7/32

19. UNDERTAKER Harry A. Little

(Address) 1101 Eastern Ave

20. FILED DEC 5 1932 Huntington Whitmore, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1932 to Dec 3 1932

I last saw her alive on Dec 3 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach — Date of onset

Other contributory causes of importance:

Starvation

Name of operation ... Date of ...

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James S. Bayne M. D.

(Address) 1102 Fred Ave.

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

85113 HEALTH DEPARTMENT—CITY OF BALTIMORE 85113

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Raynor + Dukeland St. 15-58 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Glaser

(a) Residence: No. 3632 Cottage Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Glaser

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Sylvia Glaser
(Address) 3911 Sprucehill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 12-5 1932

19. UNDERTAKER Lake Lewis Inc
(Address) 1139 E Eager St

20. FILED DEC 5 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/3 1932, to 12/4 1932

I last saw him alive on 12/4 1932, death is said to have occurred on the date stated above, at 1:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/3
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Mendelsohn, M. D.

(Address) West Balt. Gen. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85114

85114 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85114

CERTIFICATE OF DEATH

Registered No. ✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Johnson

(a) Residence: No. 1021 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Blanche Johnson

6. DATE OF BIRTH (month, day, year) Mar 2/1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Blanche Johnson
(Address) 1021 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Dec 5 . 1932

19. UNDERTAKER John T. Williams & Sons
(Address) 25 S. Mechanic St

20. FILED DEC 5 - 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 8.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia (Left base	
Fibrinous Pleurisy " "	

Other contributory causes of importance:

Aortitis	?
Chr Nephritis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos H Carr Coroner . M. D.
(Address) 1086 N Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85115 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85115

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. C (Ward)

Registered No. 181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clifford Maenner

(a) Residence: No. Perry Hall. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1/1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.Co., Md.

FATHER

13. NAME Peter Maenner

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

MOTHER

15. MAIDEN NAME Catherine Kahl

16. BIRTHPLACE (city or town) (State or country) Balto.Co., Md.

17. INFORMANT Peter Maenner
(Address) Perry Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Josephs Cem. Date Dec. 7, 193

19. UNDERTAKER Frederick Lansdowne
(Address) 740 Edgar Place Huntington Avenue, N.B.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-toxemia	
Burns over rt side of body, face & neck.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 19 .....

Where did injury occur? in yard of home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home.

Manner of injury Clothing caught from

Nature of injury rubbish fire.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. J. Wack Coroner M. D.

(Address) 508 E North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

E 85116 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85116

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3424 Chestnut Ave) (St.) 13-53 Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma L. Garner

(a) Residence: No. 3424 Chestnut Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	white	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of William F. Garner

6. DATE OF BIRTH (month, day, year) Nov 9 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

FATHER

13. NAME John Leonard

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Angelina Healey

16. BIRTHPLACE (city or town) (State or country) Cork

17. INFORMANT Husband Mr. William F. Garner

(Address) 3424 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL. 2:30 PM

Place Woodlawn Cem Date Dec 7 1932

19. UNDERTAKER Watts Lewis

(Address) 3418 Chestnut Ave

DEC 5 - 1932 Huntington Williams, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1932

22. I HEREBY CERTIFY, That I attended deceased from November 26 1932, to Dec 4 1932

I last saw her alive on Dec 3rd 1932 death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis Edema Pharynx	2

Other contributory causes of importance:

Cardiac dilatation

Name of operation — Date of

What test confirmed diagnosis? Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) [illegible] M. D.

(Address) 3429 Chestnut Ave

AA. BE CAREFUL, WRITE EVERYTHING. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250M

E 85117 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85117

CERTIFICATE OF DEATH

1317

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Carroll St. 21-79 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Augusta Helland

(a) Residence: No. 1101 Carroll St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
About 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Charles Helland

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Schwartz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss A. Baby
(Address) 1101 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 5, 1932

19. UNDERTAKER J. Tschudy & Sons
(Address) Madison Ave

20. FILED DEC 5 - 1932 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 8th, 1932 to Dec 2nd, 1932

I last saw h[illegible] alive on Dec 1, 1932 death is said to have occurred on the date stated above, at 1.40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyrhosis of Thyroid	
Myocarditis	
Chr. Nephritis	
Hypertension	

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Benj O'Mi'Creary, M. D.

(Address) 400 N Payson St

A. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85118 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85118

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 3 mos. 16 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wmfield Scott Betts

(a) Residence: No. 702 E. 23rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Mamie Ellen Betts.

6. DATE OF BIRTH (month, day, year) Aug. 16, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. Md. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wes. Betts.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Florence

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mamie E. Betts

(Address) 702 E. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore City Date Dec. 5, 1932

19. UNDERTAKER Wm. McKenzie Sons

(Address) North & Pratt Sts.

20. FILED DEC 5 - 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1932 to Dec 2, 1932

I last saw him alive on Dec 2, 1932. Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	?
Hypertension	?
Alcohol Insanity	?

Other contributory causes of importance:

chr. interstitial nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) William E. Brown M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 85119 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85119

CERTIFICATE OF DEATH

V 193

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 28-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. .. mos. .. da. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Harry E. L. J. Seyler

(a) Residence: No. 3711 Hillsdale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sallie G. Seyler

6. DATE OF BIRTH (month, day, year) Apr. 22-1905

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
27	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Test Engineer 0-2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12/1/32

11. Total time (years) spent in this occupation Last Employer

12. BIRTHPLACE (city or town) (State or country) York. Pa

FATHER

13. NAME Harry E. Seyler

14. BIRTHPLACE (city or town) (State or country) York. Pa

MOTHER

15. MAIDEN NAME Olga Nisbet

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Mrs. L. Seyler

(Address) 3711 Hillsdale St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 6, 32

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Fayette

20. FILED .. .. 19.. By .. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from .. , 19.. to .. , 19..

I last saw h.. alive on .. , 19.. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electric Shock (26,000 Volts)	12/1/32

Other contributory causes of importance:

Electric burns 2nd. & 3rd. degree

Name of operation .. Date of ..

What test confirmed diagnosis? .. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 12/1, 1932

Where did injury occur? Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of Injury Testing high tension lines

Nature of Injury burns

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify testing high tension lines

(Signed) Eugene Tilden, M. D. Coroner

(Address) 1237 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 85120

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82-98

E 85120

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 159 W. Cross St. ST. 93-21 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth A. Skinner.

(a) RESIDENCE NO. 159 W. Cross St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 9 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Albert Skinner.

6 DATE OF BIRTH (month, day, and year) February 5, 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	56	9	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ... None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Frank B. Schroeter.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Sophie Oetzel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Conrad Schroeter. (brother)

(Address) 3128 Cliftmont Ave.

DEC 5 - 1932

DEC 5 - 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 1st. 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Enquiry

(Signed) Otto M. Steinhardt Coroner, M. D.

12/1/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Dec 5th 1932

UNDERTAKER Fred A. Wannerson

ADDRESS 713 Fremont Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

Russell

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85121 — E 85121

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 775 George St. 7-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. 9 mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Georgianna Bowen Russell

(a) Residence: No. 775 George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed or divorced ~~HUSBAND of~~ ~~(not)~~ WIFE of Robert Russell

6. DATE OF BIRTH (month, day, year) Feb 17, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm Bowen

14. BIRTHPLACE (city or town) (State or country) Carroll Md

MOTHER

15. MAIDEN NAME Georgianna Simms

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Leroy Bowen

(Address) 1205 Eaton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Dec. 5, 1932

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 227 N. Schroeder St.

DEC 5 - 1932

20. FILED ... 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/15/ 1932 to Dec 1, 1932

I last saw her alive on Nov 25, 1932 Death is said to have occurred on the date stated above, at 11:45 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Interval between onset and death
Pulmonary Tuberculosis	7 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Lee Ebeler M. D.

(Address) 924 Madison Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

85122 Annie Henry

HEALTH DEPARTMENT—CITY OF BALTIMORE

85122

CERTIFICATE OF DEATH

V 120

1. PLACE OF DEATH Balto City Hospital

CITY OF BALTIMORE: (No. ..... St., 18-26 Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Henry

(a) Residence: No. 425 N. Caroline St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) June 25 1907

7. AGE: Years 25 | Months 8 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) 086

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Charles Henry

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Hall (?)

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/6/32 19

19. UNDERTAKER Isaiah L Brown Sons

(Address) 1617 W Monument St

DEC 5 - 1932 Huntington Wilkerson, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-27-1932 to 12-1-1932

I last saw her alive on 12-1-1932 Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

Ulcerative colitis — Date of onset 7-27-32

Rectal Stricture

Indary anemia

Other contributory causes of importance:

Heart failure (angina) — 11-30-32

Name of operation Proctoscopic Date of .....

What test confirmed diagnosis? CF Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leon Bowes Lebherz M. D.

(Address) Balto city Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 85123 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85123

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Simon Meyers

(a) Residence: No. 124 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 16/1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cod fish peddler

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Max Meyers

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Yetta Ethel Kittar

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Yetta Ethel Kittar
(Address) 124 S. Bond

18. BURIAL, CREMATION, OR REMOVAL
Place New Lots Hebrew Cem. Date Dec 5. 1932

19. UNDERTAKER S. Levin & Bro.
(Address) 1112 E. Baltimore St

20. FILED Huntington Williams, M.D.
DEC 5 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 ...

I last saw h... alive on ....., 19 ... Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	?

Other contributory causes of importance:

Enlarged Thymus
Generalized Purpura

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. J. Haiman Coroner, M. D.
(Address) 508 E. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E-85124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85124

CERTIFICATE OF DEATH

25-75 V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 Talbott St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle L Ramsay,

(a) Residence: No. 14 Talbott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence A. Ramsay.

6. DATE OF BIRTH (month, day, year) June, 3, 1892.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Louis B. Harrison.

14. BIRTHPLACE (city or town) (State or country) St. Michael, Md.

MOTHER

15. MAIDEN NAME Maggie McDaniels.

16. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va

17. INFORMANT Clarence A. Ramsay.

(Address) 10 Talbott St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 7, 1932

19. UNDERTAKER C. Howard Evans

(Address) 28 E. Fayette St.

DEC 5 - 1932

19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 32 to Dec. 4, 1932

I last saw her alive on Dec. 4, 1932 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/25/32
Other contributory causes of importance: Exhaustion	11/25/32

Name of operation None Date of

What test confirmed diagnosis Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Carnahan M. D.

12/5/32 (Address) 1644 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85125 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 85125

CERTIFICATE OF DEATH

V 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 S. Lakewood Ave St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A. Allen

(a) Residence: No. 530 S Lakewood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charlotte Allen.

6. DATE OF BIRTH (month, day, year) Aug. 22 1863.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Allen

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Cornelia Rebstock

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mr. Wm. Allen (Son.)

(Address) 530 Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 12-6 1932

19. UNDERTAKER E & B Harle

(Address) 115 E West St

... Registrar.

DEC 5 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3rd. 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wound of Head	
Suicide	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury Dec 3, 1932

Where did injury occur? At home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home 530 S. Lakewood

Manner of injury Gun shot wound

Nature of injury Laceration, Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) C. E. Kerpsund Coroner M. D.

(Address) 1305 N. Patterson Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85126 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 85126

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Jones

(a) Residence: No. 917 Rear St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negress.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Jones.

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

FATHER

13. NAME Joe Wilson.

14. BIRTHPLACE (city or town) (State or country) Hartford Co. Md.

MOTHER

15. MAIDEN NAME Louise Holden

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mamie Nettey
(Address) 917 Rear St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 12/5/ 1932

19. UNDERTAKER Samuel T. Hemsley.
(Address) 578 W Biddle St

20. FILED DEC 5 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/16 1932 to 12/1 1932

I last saw her alive on 12/1 1932 Death is said to have occurred on the date stated above, at 10-45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tonsil & larynx	?
Other contributory causes of importance: Bronchopneumonia	2 days

Name of operation Blood transfusion Date of ... 11/18/32

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm Jones Belasco M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85127

M. D. B. 1932

HEALTH DEPARTMENT—CITY OF BALTIMORE B 85127

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 E. Lombard St. St. 2-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wanda Kawalek

(a) Residence: No. 1919 E. Lombard St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anthony Kawalek

6. DATE OF BIRTH (month, day, year) Nov. 26, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Chester Piotrowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Rapert

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Anthony Kawalek
(Address) 1919 E Lombard St,

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec. 7, 1932

19. UNDERTAKER Jno. Ozgowski
(Address) 1930 Eastern Ave.

20. FILED ..... Registrar.

DEC 5 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1932 to Dec. 4th, 1932

I last saw her alive on Dec. 3rd, 1932 Death is said to have occurred on the date stated above, at 3 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1926

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Sputum examination Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, state .....

(Signed) Chas. E. Hafliston M. D.

(Address) 104 W. Madison St.

M. D. R. 1268

E 85128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85128

26745

CERTIFICATE OF DEATH

44-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 6-11 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Fields

(a) Residence: No. 437 N Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 5/26/80

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Empr wood mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Rolf Fields

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12-8-32

19. UNDERTAKER Margaret Flynn
(Address) 428 Light St

20. FILED DEC 5 - 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to Dec 5, 1932

I last saw him alive on Dec 5, 1932. Death is said to have occurred on the date stated above, at 7.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sulaemia	
Sulaemic pneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stanton M Ward, M. D.
(Address) Johns Hopkins Hospital

M. D. R. 1268-0

E 85129 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85129

CERTIFICATE OF DEATH

82-004

1555

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. S. E. Cor. Old Pimlico Rd. & Oswego Ave St., Ward.) (If death occurred in an hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret C. Weis

(a) Residence: No. Pimlico Rd. & Oswego Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Louis T. Weis

6. DATE OF BIRTH (month, day, year): April 16, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Catonsville, Md.

FATHER

13. NAME: Frederick W. Weipert

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Kathryn Arnet

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mr. Albert H. Weis, 2311 South Rd. Mt. Washington

18. BURIAL, CREMATION, OR REMOVAL — Place: Druid Ridge — Date: Dec. 6, 32

19. UNDERTAKER (Address): [illegible]

20. FILED ..... 19 ..... Registrar.

DEC 5 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932 to Dec 3, 1932

I last saw h[illegible] alive on Dec 2, 1932 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis	
Left Hemiplegia	
Hypostatic Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Kirby M. D.

(Address) 1106 North Ave

M. D. B. 1268-9

E 85130

Dyba

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85130

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Lancaster St., 2-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maryanna Dyba

(a) Residence: No. 1612 Lancaster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Paul Dyba

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Invalid

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Martin Juras

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Paul Dyba
(Address) 1612 Lancaster street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Dec 6th. 1932

19. UNDERTAKER George A. Meier
(Address) 765 S. Ann street

20. FILED ..... 19..... Registrar.

DEC 5 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1932 to Dec 3d 1932
I last saw her alive on Dec 2d 1932. Death is said to have occurred on the date stated above, at 11½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 3d 32
Hemiplegia	Nov 30 32
	Nov 30 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William J. Bauer M. D.

(Address) 801 S. Edwood

M. D. No. E 85131

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85131

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3434 Belair Rd. St., 26-45 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Dresher.

(a) Residence: No. 3434 Belair Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Dresher

6. DATE OF BIRTH (month, day, year) About 1874.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City pumping station

10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore. (State or country) Md.

FATHER

13. NAME Henry Dresher.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Elizabeth Koltz.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Joseph G. Schmidt (son-in-law)
(Address) 2619 E. Oliver St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Dec. 6 1932

19. UNDERTAKER Lilly & Feiler Inc.
(Address) 403 S. Wolfe St.

20. FILED DEC 5-1932 Hunting Park Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1932 to Dec 4 1932

I last saw him alive on December 4 1932 Death is said to have occurred on the date stated above, at 12:25 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1½ years
General Arteriosclerosis	
Arterial Hypertension.	
Other contributory causes of importance	
Uraemia & Exhaustion.	1 day

Name of operation — Date of

What test confirmed diagnosis? Physical Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address)

N. B.—WRITE PLAINLY, WITH PENCIL OR INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85132

HEALTH DEPARTMENT—CITY OF BALTIMORE

85132

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eloise Hancock

(a) Residence: No. 113 N. Dallas St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Fred Hancock

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Carrie Watts

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Carrie Hancock

(Address) 113 N. Dallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Dec 32

19. UNDERTAKER Wm. Edw. Boyle & Son

(Address) 29 W. Centre St

20. FILED DEC 5 - 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from injury & autopsy, 19

I last saw h alive on injury & autopsy 19. Death is said to have occurred on the date stated above, at injury & autopsy

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Ruptured Liver	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 1, 1932

Where did injury occur? Fairmount ave nr Bond St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while playing on the street

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph P. Kenny M. D.

Coroner

(Address) 220 E. Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85133

E 85133

HEALTH DEPARTMENT—CITY OF BALTIMORE

266926 Ped

CERTIFICATE OF DEATH

157-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-13 Ward)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Delores Lane Hughes

(a) Residence: No. 1025 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 8 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Lucas Harvey

14. BIRTHPLACE (city or town)
(State or country) Virginia

MOTHER

15. MAIDEN NAME Eleanor Hughes

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/5/32 19

19. UNDERTAKER Mrs. Ida B. Saunders
(Address) 1129 N. Cardenal

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-14-1932 to 12-3-1932

I last saw her alive on 12-3-1932 Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Hydrocephalus	11-32

Other contributory causes of importance:

Name of operation Relief of Block Date of 10/26/32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify

(Signed) John A. Washington M. D.

(Address) Johns Hopkins Hospital

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-08 E 85134

85134

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2163 Hollins St., 70-64 Ward)

2-FULL NAME Josephine C. Dorman

(a) RESIDENCE NO. 2163 Hollins St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of James J. Dorman

6 DATE OF BIRTH (month, day, and year) Nov. 1, 1873

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	59	1	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Michael Herr

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Germany

12 MAIDEN NAME OF MOTHER Ruth Shipley

13 BIRTHPLACE OF MOTHER (city or town) Carroll Co.
(State or country) Maryland

14 Informant Mr. John C. Herr
(Address) 2162 Hollins St.

15 Filed ....., 19.... Registrar .....

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

5 hrs

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) —

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Hopwell M. D.

12/3/32 (Address) 227 Patapsco Ave. Blood type

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Dec 5 1932
20 UNDERTAKER F. Vernon Kushner	ADDRESS 1632 Hollins St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

DEC 5 - 1932

M. D. B. 1268-9

E 85135

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85135

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 Druid Hill St. [illegible] Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August A. Stratt

(a) Residence: No. 1014 Druid Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Stratt

6. DATE OF BIRTH (month, day, year) Dec. 6. 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	4 11	5 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 4 3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Karl Stratt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Klee

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth Stratt
(Address) 1014 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oraine Date Dec 7 19 32

19. UNDERTAKER J Vernon Keepper
(Address) 1552 Hollins St

FILED ... 19... [illegible] Registrar.

DEC 5 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Dec 3 1932
I last saw him alive on Dec 3 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	Dec 1 32

Other contributory causes of importance:

arteria Sclerosis	
Myocarditis	June 32

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hubert C Blake M. D.

(Address) 719 Mid Cntn Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 85136 ✓ E 85136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 Forman St. ST. 15 WARD 32

2-FULL NAME Baby Holton

(a) RESIDENCE NO. 1837 Forman St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ½ hour yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12-4-32

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	½ hour	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) 1837 Forman St
(State or country) Baltimore city

PARENTS

10 NAME OF FATHER George T. Holton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) St Mary Co. Md

12 MAIDEN NAME OF MOTHER Martha Wallis

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) St Mary Co. Md

14 Informant Mrs George Holton
(Address) 1837 Forman St

15 Filed DEC 5 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-4-32

17

I HEREBY CERTIFY, That I attended deceased from 12-4-, 1932, to 12-4-, 1932

that I last saw h[illegible] alive on 12-4-, 1932

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Premature and abnormal development

unknown (duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) unknown

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death? At place of death

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Physical appearance

(Signed) [illegible] M. D.

12-4-, 1932 (Address) 1049 Linden Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
University of Md	Dec 5 1932
20 UNDERTAKER	ADDRESS
[illegible] Commissioner Health	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. 85137

E 85137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Kenwood Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary S. Ritter

(a) Residence: No. 102 N. Kenwood ave, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Frank S. Ritter

6. DATE OF BIRTH (month, day, year) Sept 8, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jakob Hessler

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Anna M. Herbert

(Address) 102 N. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/6/32

19. UNDERTAKER John A. Moran

(Address) 30000 E. Balto St.

20. FILED DEC 5 - 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1930 to Dec 2, 1932

I last saw h[illegible] alive on Dec 1, 1932. Death is said to have occurred on the date stated above, at 8 40 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mult. Dilatation Heart.	12/1/32

Other contributory causes of importance:

Chronic Valvular Heart Disease	Jan 1930

Name of operation ..... Date of .....

What test confirmed diagnosis? Ego. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 85138

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85138

CERTIFICATE OF DEATH

+93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Alcazer Cathedral ST. ..... WARD)

2-FULL NAME Charles A Hartke

(a) RESIDENCE NO Elkridge Howard Co., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Ida M Hartke

6 DATE OF BIRTH (month, day, and year) Nov 17 - 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53.	—	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Elkridge, Md

PARENTS

10 NAME OF FATHER Everhardt Hartke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Eckert

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Ida M Hartke
(Address) Elkridge Md.

15 Filed DEC 5 - 1932 192 Huntington Williams N.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ~~his~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis, †
Angina Pectoris

about (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) James M Fenton, M. D. Coroner

12.2.1932 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	12/6/1932
20 UNDERTAKER	ADDRESS
John F Cowan & Son	900 Eutaw St.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85139 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85139

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 90-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry R. Starr

(a) Residence: No. 1911 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Modore Starr

6. DATE OF BIRTH (month, day, year) June 4, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. D40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME John Starr

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Catherine Brown

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 12/6/ 1932

19. UNDERTAKER John J. Cavalier & Son
(Address) 1901 Eutaw St.

20. FILED DEC 5 1932 Thurlington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1932 to Dec. 4 1932

I last saw h~~im~~ alive on Dec. 4 1932 Death is said to have occurred on the date stated above, at 8 40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid c	
Complete intestinal obstruction	2 weeks

Other contributory causes of importance:

Broncho pneumonia	1 day

Name of operation Colostomy Date of 12 4 32

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Arthur J. Siwinski M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-33—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85140

CERTIFICATE OF DEATH.

23 E 85140

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1647 Abbott ST., 7-13 (WARD)

2-FULL NAME Ella Holcomb

(a) RESIDENCE NO. 1647 Abbott ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): 2-5-32

7 AGE — Years: 20 — Months: 1 — Days: 8 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Sparrow Point Balto. County

PARENTS

10 NAME OF FATHER: Kelly Green

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Esther Holcomb

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Charlotte Co.

14 Informant: Esther Williams (Address): 1610 E. Hoffman

15 Filed DEC 5 - 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5th 1932

17 I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1932, to Dec. 5, 1932, that I last saw her alive on Dec 4, 1932 and that death occurred, on the date stated above, at 2:30 P.M.

The CAUSE OF DEATH* was as follows:

Pleurisy & Acute Miliary Tuberculosis

(duration) yrs. 3 mos. 6 ds.

CONTRIBUTORY (Secondary) Onset Colds

(duration) yrs. 6 mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? Signs & Symptoms

(Signed) James R. Blake M. D.

1932 (Address) 924 Augusta St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Century Cemetery — DATE OF BURIAL: Dec 8 1932

20 UNDERTAKER: Lloyd M. Chase & Son — ADDRESS: 638 N. Gilmor

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85141

CERTIFICATE OF DEATH

E 85141

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 6-67 Ward)

Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Francis Dorsey

(a) Residence: No. 2925 Ellicott Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Casey Dorsey

6. DATE OF BIRTH (month, day, year) March 5 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman D Ld

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keyser W Va

FATHER

13. NAME Owen F Dorsey

14. BIRTHPLACE (city or town) (State or country) West Va

MOTHER

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary Casey Dorsey
(Address) 2925 Ellicott Driveway

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/7, 1932

19. UNDERTAKER Chas F. Naul & Son
(Address) 2311 Pennsylvania Ave.

DEC 5 1932

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932 to Dec. 4, 1932

I last saw him alive on Dec. 4, 1932 Death is said to have occurred on the date stated above, at 8:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1931
Chronic nephritis	1932
cerebral hemorrhage	12/4/32

Other contributory causes of importance:

Name of operation Appendectomy Date of 11/11/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1209-9

E 85142

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85142

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1504 N. Caroline St. St., 9-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine T. Morwood

(a) Residence: No. 1504 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William C. Morwood

6. DATE OF BIRTH (month, day, year) February 25th. 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Casey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Scally

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William C. Morwood
(Address) 1504 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Dec. 6th. 19 32

19. UNDERTAKER Chas. H. Fraul & Son
(Address) 111 N. Eutaw St. Baltimore Md.

FILED DEC 5 - 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1932 to Dec 3 1932

I last saw her alive on Dec 2. 1932 Death is said to have occurred on the date stated above, at 7.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	11.28.32
Other contributory causes of importance: Chronic Nephritis.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Mary F Vaughan M. D.

(Address) 1028 Valley St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85143

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85143

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp. St., 26-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W Whalen

(a) Residence No. Home Govin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 8, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Howard Co Md.

FATHER

13. NAME Joseph Whalen

14. BIRTHPLACE (city or town) (State or country) Montgomery Co.

MOTHER

15. MAIDEN NAME Martha Woodward

16. BIRTHPLACE (city or town) (State or country) Montgomery Co

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 5 1932

19. UNDERTAKER

(Address)

DEC 5 - 1932

20. FILED Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Dec 1 1932

I last saw him alive on Dec 1 1932 Death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

Central hemorrhage — Date of onset 11-1-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I Pinquil M. D.

(Address) Baltimore City Hosp.

26.—WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85144

CERTIFICATE OF DEATH

92 E 85144

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1626 Llewelyn St. 17th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel J. Walstrum

(a) Residence: No. 16 N Llewellyn Ave Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Emma Walstrum

6. DATE OF BIRTH (month, day, year) Dont Know

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) U. S. —

FATHER

13. NAME Jacob L. Walstrum

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Amelia Schneck

16. BIRTHPLACE (city or town) (State or country) U S —

17. INFORMANT (Address) Mrs M. Walstrum 1627 E Federal St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cathedral Date Dec 6 1932

19. UNDERTAKER (Address) Mendell E Humphreys 1501 N Broadway

20. FILED ..... Registrar. Walter Williams

5-4032 RAH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-16 1931, to 12/4 1932

I last saw him alive on 12/4 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	12/1/32
Mitral Regurgitation	3 yrs

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

12/5/32 (Signed) Mendell Mallett, M. D.
(Address) 1500 Bdwy

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Dr Mayer Brooks Lane Esplanade

E 85145 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85145

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5807 (St.) Park Heights 27-55 59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth?...yrs. ...mos. ...ds.

2. FULL NAME Mary Margaret

(a) Residence: No. 5807 Park Heights Ave (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced: RELEASED of (or) WIFE of Frank A. Margaret

6. DATE OF BIRTH (month, day, year) Aug 4 1854

7. AGE	Years	Months	Days	If LESS than 1 day...hrs. or ...min.
	78	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Raphael Gaeta

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Bella Margaret (Address) Rochester apt - 4-12

18. BURIAL, CREMATION, OR REMOVAL Lakewood New Jersey 19...

19. UNDERTAKER Lucian Cook 12/5/32 (Address) 1217 St Paul Street

20. FILED ...19... Registrar.

DEC 5 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1932 to Dec 5, 1932

I last saw h. alive on Dec 4, 1932. Death is said to have occurred on the date stated above, at 7.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Other contributory causes of importance:	
Broncho-Pneumonia	11/30/32 + Days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edwin E. Mayer M. D.

(Address) The Esplanade

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85146 × 108 E 85146

E 85146 REGISTERED NO.

1—PLACE OF DEATH Maryland General Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 11-25 ST. WARD)

2—FULL NAME James Dennis

(a) RESIDENCE NO. Temple, Texas ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 21 ds. How long in U. S., if foreign birth? yrs. 1 mos. 21 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Sept 12, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	2	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lumberman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER J. T. Dennis

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Smithhill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

14 Informant Hospital Records

(Address) Ford see page 2

15 Filed DEC 5 - 1932, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-4-32

17 I HEREBY CERTIFY, That I attended deceased from 11-23, 1932, to 12-4, 1932, that I last saw h alive on 12-4, 1932, and that death occurred, on the date stated above, at 1:00 P.M.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Cardiac Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. T. Chance, M. D.

, 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Temple Texas	12/5 1932
20 UNDERTAKER Williams Cook	ADDRESS 1217 St Paul

IMPORTANT. See instructions on back of certificates.

M. D. B. 1268-9

85147

HEALTH DEPARTMENT—CITY OF BALTIMORE

85147

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3408 E Lombard St., No. 2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert H. Chambers

(a) Residence: No. 3408 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara L Chambers

6. DATE OF BIRTH (month, day, year) May 22 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Pt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pin Inst & Iron Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Chambers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lucy Astley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Barbara Chambers
(Address) 3408 E Lombard

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date Dec 6, 1932

19. UNDERTAKER Mrs G Black
(Address) 1711 Broadway

FILED DEC 5 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. H. Jeager M D M. D.
Coroner

(Address) 1305 N Patterson Park Ave

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85148

CERTIFICATE OF DEATH

E 85148

97-601

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 E 41st St. 9-47 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Virginia McKay

(a) Residence: No. 709 E. 41st St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George McKay

6. DATE OF BIRTH (month, day, year) Aug 9 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John T Simpkins
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Matilda Carr
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Velma McKay
(Address) 709 E 41st St City

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 6 1932

19. UNDERTAKER Snyder & Greenlee
(Address) 4240 Eastern Ave

FILED DEC 5 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 20th, 1932, to Dec 3rd, 1932
I last saw h[illegible] alive on Dec 3rd, 1932, death is said to have occurred on the date stated above, at 11:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1932
Chronic Nephritis	?
Hypertrophy of the prostate	Dec 1st
Other contributory causes of importance: Chronic Arthritis	1920

Name of operation None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Grayson M. D.
(Address) 827 N. Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1266-9

85149 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 E 85149

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 N Payson St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Young

1a) Residence: No. 713 N Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Young

6. DATE OF BIRTH (month, day, year): July 5 1853

7. AGE: Years 79 | Months 5 | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): York Co Pa

FATHER

13. NAME: Henry Ehrhart

14. BIRTHPLACE (city or town) (State or country): Penna

MOTHER

15. MAIDEN NAME: Julia A. Deihl

16. BIRTHPLACE (city or town) (State or country): Penna

17. INFORMANT: Mrs W. H. Bowen

(Address) 713 N Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Shrewsbury Pa Date Dec 7, 1932

19. UNDERTAKER: Robert J Settle

(Address) 2700 Edmondson Ave

Huntington Ave. Cem. Md.

FILED DEC 5 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 32 to Dec 5 32

I last saw h alive on Dec 5 1932 Death is said to have occurred on the date stated above, at 11:08 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1932
myocarditis	
not valvular	

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] Gash M. D.

(Address) 101 Gwynns Falls Pkwy

X E

DEC 5 - 1932

X. D.—WRITE PLAINLY, WITH LEAD PENCIL OR INDELIBLE PENCIL. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85150 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85150

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home and Infirmary 13 Ward) 59 154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Jarrett

(a) Residence: No. 706 Reservoir St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 30 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		5 hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James H. Jarrett

14. BIRTHPLACE (city or town) (State or country) Petersburg Virginia

MOTHER

15. MAIDEN NAME Rebecca McClure

16. BIRTHPLACE (city or town) (State or country) Durham North Carolina

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date DEC 6 1932

19. UNDERTAKER Edward L. Pabst & Sons
(Address) Pennsylvania Ave. & Fulton Ave.

DEC 5 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5 1932

22. I HEREBY CERTIFY, That I attended deceased from November 30 1932 to December 5 1932.

I last saw her alive on December 5 1932 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (Six and one-half Months)	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Richard Cummins M. D.

(Address) The Church Home and Infirmary

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85151 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85151

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 711 Paterson Park Ave St., 8-16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emilie Schuette

(a) Residence: No. 711 Paterson Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ferdinand Schuette

6. DATE OF BIRTH (month, day, year) Feb 11 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	22.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home duties

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wilhelm Birr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Schroetke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ferdinand Schuette

(Address) 711 N. Paterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec 6 1932

19. UNDERTAKER C. J. Wm. Otto Funeral Home

(Address) 851 N. Fayette St.

20. FILED Dec 5 1932 Huntington Williams, M. D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3. 1932

22. I HEREBY CERTIFY, That I attended deceased from September 13. 1932 to December 3 1932

that I saw her alive on December 3. 1932 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency -	2 yrs ago.
Mitral Insufficiency	
Arterial Hypertension	
Other contributory causes of importance:	
Cardiac Dilatation	2 days ago

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Clifford C. Fowler M. D.

(Address) 2175 E. Preston St

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85152

E 85152

CERTIFICATE OF DEATH

67

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Woman's Hospital St. 14-20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy La Polt

(a) Residence: No. Parents 39 Lafayette Ave St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

Huntington L.I. New York

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Wm. McKinley La Polt

14. BIRTHPLACE (city or town) New York
(State or country)

MOTHER

15. MAIDEN NAME Mary Henrietta Turner

16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

17. INFORMANT Mrs. Arthur La Polt (Father)
(Address) 39 Lafayette Ave. Hempstead, L. I.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Dec 4/32 19 ...

19. UNDERTAKER Stewart & Conner
(Address) 2 Nassau St. Huntington, N.Y.

20. FILED DEC 5 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5/32 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932 to Dec 5, 1932

I last saw him alive on Dec. 5, 1932 death is said to have occurred on the date stated above, at 10.10 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Persistent Thymus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an antopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Allen Deckert M. D.

(Address) Woman's Hospital

P. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 85153

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85153

CERTIFICATE OF DEATH

107-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3317 Piedmont av ST. 15-6T WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Maria Palmisano

(a) RESIDENCE NO. 3317 Piedmont av ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widowed

5a If married, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Mariano Palmisano

6 DATE OF BIRTH (month, day, and year) May 10-1860

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	6	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Italy

PARENTS

10 NAME OF FATHER Salvatore Restivo

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER anna Maria Filisica

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

14 Informant Anna Maria Cincotta

(Address) 3317 Piedmont ave

15 Filed ..... 19 ..... Registrar

DEC 6 - 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 3-1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 3, 1932, that I last saw her alive on Dec 3, 1932 and that death occurred, on the date stated above, at 8:20 P m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. DiStefano M. D.

Dec 5, 1932 (Address) 407 N. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Cathedral	Dec 6th 1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul st

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 85154

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85154

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 Battery Ave.) 24-33 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Margaret Reinert

(a) Residence: No. 1221 Battery Avenue Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Christian F. Reinert

6. DATE OF BIRTH (month, day, year) May 9th 1848

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs David E. Reese

(Address) 1221 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12/7/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED DEC 8 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to December 4 1932.

I last saw her alive on December 4, 1932. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis, Generalized arteriosclerosis arterial thrombosis both legs.	
Other contributory causes of importance: gangrene both Feet	May ago.

Name of operation none Date of .....

What was confirmed diagnosis? Physical exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J Edward Norris M. D.

(Address) 107 East west st.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85155

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85155

CERTIFICATE OF DEATH

v 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 324 E. 22nd St., 12-56 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Thon

(a) Residence: No. 324 E. 22nd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Frederick Thon.

6. DATE OF BIRTH (month, day, year) June 12th 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John T. Legg

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md

MOTHER

15. MAIDEN NAME Sarah Ann Williams

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Frederick Thon

(Address) 324 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date 12/7/ 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington & Williams N.F.

Registrar.

DEC 6 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ~~last~~ Jan, 1929, to Dec 4, 1932

I last saw h. alive on Dec 4, 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri	Prior
	Jan 1929
Other contributory causes of importance:	
enteric colitis (acute)	Dec 32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) A. E. Wright M. D.

(Address) 1010 S. Ellwood Ave.

M. D. H. 1268-9

85156

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85156

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 Garrison Blvd St., 15-63 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edw. H. Beazley

(a) Residence: No. 4304 Garrison Blvd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charlotte Beazley

6. DATE OF BIRTH (month, day, year) May 22 1874

7. AGE: Years 58 | Months 6 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Amsterdam Cas. Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Edw H. Beazley

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Charlotte Fitzhugh

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Charlotte Beazley

(Address) 4304 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 6 1932

19. UNDERTAKER Wm J Tuckers Sons

(Address) Robt H Kerns.

20. FILED DEC 6 - 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 months

Other **contributory causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) ... M. D. Coroner

(Address) ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

I-20—M & T—200 B—50L

E 85157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85157

REGISTERED NO. 119

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 N. Cross St. St. 21-31 WARD)

2-FULL NAME James H. Jackson. (C)

(a) RESIDENCE NO. 528 N. Cross St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6 DATE OF BIRTH (month, day, and year) October 11, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	0	1	23	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Clarence Jackson. (C)

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Ruth Cooper. (C)

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

14 Informant Ruth Cooper. (C) mother.
(Address) 528 N. Cross St.

15 Filed DEC 8 1932 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 4, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diarrhea & Enteritis.

(duration) yrs. ; mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhard, M. D. Coroner

12/5/32, 19 (Address) 1017 E. Charles st.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Center

DATE OF BURIAL: 12/5 19

20 UNDERTAKER: Walter A. Spriggs

ADDRESS: 154 Granby St

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1265-9

E 85158 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85158

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 N. Bradford St., 7-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlee Preston Freeman

(a) Residence: No. 611 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 21/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Charles Freeman

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Freeman
(Address) 611 N. Bradford

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date Dec 6, 1932

19. UNDERTAKER Edward Bryan
(Address) 1621 Pleasant

DEC 6 1932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Bronchopneumonia 4 days?	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Mason, M. D.
Coroner

(Address) 508 E. Fayette

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85159

M. D. B. 1934-3

85159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 7-10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Myra Wilson

(a) Residence: No. 512 Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 12, 32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	9 10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Maryland

FATHER

13. NAME James Wilson

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Ruth Mummert

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT James Wilson
(Address) 512 N. Patterson Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Dec. 6 1932

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2334 Jefferson St.

20. FILED DEC 19 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1932 to Dec 3 1932

I last saw her alive on Dec 3 1932 Death is said to have occurred on the date stated above, at 1156 m.

The principal cause of death and related causes of importance were as follows:

Congenital Pulmonic Stenosis — Date of onset

Other contributory causes of importance:

Malnutrition

Rickets

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kenned M. D.

(Address) St. Joseph's Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85160 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 85160

CERTIFICATE OF DEATH

139-002

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 19-28 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Charlotte Conner (Conard)

(a) Residence: No. 305 S. Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Conard

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Franklin

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Harry L. Peters

(Address) 1714 Vernon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12/6/32 19

19. UNDERTAKER Harry Dietke

(Address) 410 Edmondson Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-5-32 . 19 . to 11-28-32 . 19 .

I last saw her alive on 11-28 . 19 32 Death is said to have occurred on the date stated above, at 8:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubo Ovarian Abscess	11-4-32
Diverticulum of Sigmoid	?

Other contributory causes of importance:

Paralytic Ileus	11-22-32
Generalized Peritonitis	11-27-32

Signed Repair

Name of operation Supra Vaginal Hysterectomy Date of 11-26-32

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward W. Ulyett M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 85161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85161

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Avenues St. 24-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth?.....yrs. .....mos. .....ds.

2. FULL NAME Mr John Kreegenhofer

(a) Residence: No. 1536 Pennsylvania Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Jan. 15, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	64	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. millworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Sept

11. Total time (years) spent in this occupation 046

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George Kreigenhofer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Veronica Imhoff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Henry Fenzel brother in law

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 7, 1932

19. UNDERTAKER Martin Fahey & Son

(Address) 1827 W. North Ave

20. FILED DEC 8 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1932. Dec. 5, 1932

I last saw him alive on Dec. 5, 1932 Death is said to have occurred on the date stated above, at 5 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart block (coronaria failure)	
chronic nephritis	
arteriosclerotic heart disease	

Other contributory causes of importance:

arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Alfred Van Arsdale, M. D.

(Address) St. Agnes Hos

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 250B

E 85162 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85162

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH 2202 Mt Royal Ave

CITY OF BALTIMORE: (No. ~~Joseph Harry~~ 13-54 St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 3 mos. 28 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Harry Carr

(a) Residence: No. 2202 Mt Royal Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Busch

6. DATE OF BIRTH (month, day, year) Aug. 7 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dept. Head

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME J. Harry Carr

14. BIRTHPLACE (city or town) (State or country) A. A. Co., Md.

MOTHER

15. MAIDEN NAME Marie T. Dempsey

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Jennie B. Carr
(Address) 2202 Mt. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12-7-1932

19. UNDERTAKER 36 W. Mead & Son
(Address) 905 N. Calvert St

DEC 6 - 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5 1932

22. I HEREBY CERTIFY, That I attended deceased from November 24, 1932 to December 5, 1932
I last saw him alive on December 5 1932 death is said to have occurred on the date stated above, at 12 05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis & myocardial infarction.	11/24/32
Other contributory causes of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? clinical methods Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frankl C. Smith, Jr. M. D.
(Address) 927 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85163

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85163

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St Josephs Hosp St. 14-24 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Hanlon

(a) Residence: No. 1401 Mt Royal Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Edward Hanlon

6. DATE OF BIRTH (month, day, year) July 16, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Connecticut

FATHER

13. NAME -------- Kelly

14. BIRTHPLACE (city or town) (State or country) Not obtainable

MOTHER

15. MAIDEN NAME Catherine Raycroft

16. BIRTHPLACE (city or town) (State or country) Not obtainable

17. INFORMANT Edward Hanlon

(Address) 1401 Mt. Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 12-7- 1932

19. UNDERTAKER Thomas W. Ellwood & Son

(Address) 805 N. Eutaw St.

Williamstown, W. Va.

DEC 6 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27 1932. to Dec 5 1932.

I last saw her alive on Dec. 5 1932 Death is said to have occurred on the date stated above, at 7.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Rheumatic Heart Disease	
Other contributory causes of importance:	
arteriosclerosis	
senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Albert Kermond M. D.

(Address) St Josephs Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 85164 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85164

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1501 Caton Ave. St., 25th Ward)

Length of residence in city or town where death occurred ~~1~~ yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev William Gaston Payne

(a) Residence: No. ..... Clifton Forge, Va. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roman Catholic Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 06

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Warrenton, Va.

FATHER

13. NAME Rice W. Payne

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME America Semmes

16. BIRTHPLACE (city or town) (State or country) Georgetown, D. C.

17. INFORMANT Sinai Memorial Hospital
(Address) 1501 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Dec. 7 1932

19. UNDERTAKER Geo. W. Evans & Son
(Address) 503 N. Gilmor St.

DEC 6 1932 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to December 5 1932

I last saw him alive on December 4, 1932 death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease with cardiac failure	
Arthritis deformans, generalized	
Other contributory causes of importance:	
arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Alfred Van Ames, M. D.

(Address) St Agnes Hos

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85165

CERTIFICATE OF DEATH

23

Registered No. E 85165

1. PLACE OF DEATH Baltimore City Hospitals (Ward 7-13)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Jones

(a) Residence: No. 904 Rutland ave. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 2, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch room

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Suffolk
(State or country) Virginia

FATHER

13. NAME Jackson Jones

14. BIRTHPLACE (city or town) Holland
(State or country) Virginia

MOTHER

15. MAIDEN NAME Della ?

16. BIRTHPLACE (city or town) .....
(State or country) Unknown

17. INFORMANT Hospital Records
(Address) B. C. H.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Cutting Date 12/7/32

19. UNDERTAKER Mrs. Ida B. Franklin
(Address) 127 N. Eutaw st.

20. FILED DEC 6 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1932, to Dec. 5, 1932

I last saw him alive on Dec. 5, 1932. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 15, 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Steen M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Age should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85166 B 85166

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 W. Fawn St. 16-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Holmes

(a) Residence: No. 1509 W. Fawn St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hycinth Holmes

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) Feb 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Rivers Holmes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Frances Baylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Henry W. Holmes

(Address) 1504 Fawn St

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Cem. Date 12/6/32

19. UNDERTAKER M. J. & J. B. Bradley

(Address) 129 N. Carolina St.

20. FILED DEC 6 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3/32

22. I HEREBY CERTIFY, That I attended deceased from 12/1/32 to 12/3/32

I last saw h[illegible] alive on 12/2/32 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Jan 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. B. Hawkins M. D.

(Address) 912 Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85167

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85167

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 14-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alex Carroll

(a) Residence: No. 306 N. Parrish st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Carroll

6. DATE OF BIRTH (month, day, year) Feb. 28, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Louis Carroll

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Laura Gasaway

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Dec 7th 1932

19. UNDERTAKER Edw Gilson

(Address) 1000 Bruntsfield Ave

Filed Dec 7 1932

C 6-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14 1932 to Dec. 5 1932

I last saw him alive on Dec. 5 1932. Death is said to have occurred on the date stated above, at 12.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1931
Tuberculous laryngitis	April 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Bennett A. Stacey, M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Age, should be stated EXACTLY. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 85168 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85168

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 W Lexington St. 20-27 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca B Dennis

(a) Residence: No. 810 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co

FATHER

13. NAME John Dennis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Clarissa Houck

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edna Lavalier
(Address) 810 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Dec 6 1932

19. UNDERTAKER George J Smith
(Address) 832 Edmondson Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12. 3 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1930 to Dec 3 1932

I last saw her alive on Dec 3 1932 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Heart Renal	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so specify .....

(Signed) Walter A Coe M. D.

(Address) 537 Hollins Ferry Road

Information should be carefully supplied. Any space which cannot be filled should be marked "unknown." Write plainly. Use ink. Do not abbreviate. Give full name of street and number. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 6 - 1932

M. D. Z. 1268-9

E 85169

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85169

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 108 Sargent St. 21-24 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Belt

(a) Residence: No. 1108 Sargent St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank

6. DATE OF BIRTH (month, day, year): Feb 24 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Frederick Wassdorfer

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Elizabeth Baer

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Frank Belt

(Address) 1108 Sargent

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: Dec 7 . 1932

19. UNDERTAKER: F. Vernon Kuehner

(Address) 532 Hollins

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 4 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 . 1932 to Dec 4 . 1932

I last saw her alive on Dec 4 . 1932 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	indefinite
Hypertension	indefinite

Other contributory causes of importance:

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. J. Kyger M. D.

(Address) 3321 Fredk ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C6-1929

Cor.—10-10-29—A Co.—100 Bks.

85170

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85170

93-003

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. 310 S. Stricker St. 19-28 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Clifton A. Sawyer Sr.

(a) RESIDENCE NO. 310 S. Stricker St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lillian Sawyer

6 DATE OF BIRTH (month, day, and year) Sept. 19, 1887

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	45	2	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist's Helper
(b) General nature of industry, business, or establishment in which employed (or employer): United Railways
(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Grant A. Sawyer

11 BIRTHPLACE OF FATHER (city or town) Maine
(State or country)

12 MAIDEN NAME OF MOTHER Mary Fargo

13 BIRTHPLACE OF MOTHER (city or town) Pennsylvania
(State or country)

14 Informant Mrs. Lillian Sawyer
(Address) 310 S. Stricker St.

15 Filed DEC 5 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Epilepsy

(Duration) About 15 to 30 yrs. mos. ds.

CONTRIBUTORY (Secondary) Probably chronic

myocarditis (duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs

(Signed) Guy U. Cromwell M. D.

12/5/32 Address 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet Cemetery	Dec. 7- 1932
20 UNDERTAKER	ADDRESS
Charles J. Schwab	505 N. Monroe St.

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85171

CERTIFICATE OF DEATH.

34 E 85171

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Berry ST. 13-53 WARD)

2-FULL NAME John G. Ohler

(a) RESIDENCE NO. 600 Berry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: — Dec-1884

6 DATE OF BIRTH (month, day, and year)

7 AGE: Years 48 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Floor Layer

(b) General nature of industry, business, or establishment in which employed (or employer): Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

PARENTS

10 NAME OF FATHER: John Ohler

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penn.

12 MAIDEN NAME OF MOTHER: Adelaide Gardner

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant (Address): Adelaide Ohler 614 Berry St.

15 DEC 8 - 1932

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5 1932

17 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to Dec 5, 1932, that I last saw her alive on Dec 4, 1932, and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs 1 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical signs

(Signed) C. Fost Knight M. D.

Dec 5, 1932 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral — DATE OF BURIAL: Dec 7 1932

20 UNDERTAKER: Richard F. Dudley — ADDRESS: 700 Washington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85172

E 85172

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Seiling San. 600 S. Chapelgate Lane St. 28-71 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Hofheimer

(a) Residence: No. 600 S. Chapelgate Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany. 20, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER

13. NAME Zacharias Hofheimer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Freudenrich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Carrie Seligman (Sister)
(Address) 2211 Kenoak Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Oheb Shalom Cem, Date Dec. 7, 1932

19. UNDERTAKER Levi Hamburger & Son
(Address) 1902 Eutaw Place

FILED DEC 6-1932 Huntington Williams, Nat

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug- 1931 to December 5 1932

I last saw her alive on December 1 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	12/5/32
Arterio sclerosis	?
Chronic Interstitial Nephritis.	?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Withheld for

(Signed) 20 East Preston St. M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85173

CERTIFICATE OF DEATH

E 85173

94-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2028 Eutaw Place St., ... Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emanuel Goldsmith

(a) Residence: No. 2028 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Brager Goldsmith

6. DATE OF BIRTH (month, day, year) Aug. 29, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Goldsmith

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. E. Goldsmith
(Address) 2028 Eutaw Place

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
Place Alexandria, Va. Date Dec. 7, 1932

19. UNDERTAKER D. Sondheim & Son
(Address) 1902 Eutaw Place
Huntington Portland, N.Y.

20. FILED DEC 6 1932
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3d, 1932, to Dec. 5, 1932.
I last saw him alive on Dec. 5, 1932. Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary (artery) Thrombosis	Dec 3

Other contributory causes of importance:

Angina pectoris	1922
Arteriosclerosis - Symptoms	1922

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19....

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Louis P. Hamburger M. D.
(Address) 1207 Eutaw Place.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85174 122-02 E 85174

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary ST., 6-22 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Roby Davis

(a) RESIDENCE NO. 1125 Parish ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	S.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 8-23-1902

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) D & D

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Herman Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Margaret Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant B. J. White

(Address) 1226 Paris St.

15 Filed DEC 6 1932, 19 Washington Millender, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-29-32

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1932, to Nov 29, 1932, that I last saw him alive on Nov 29, 1932 and that death occurred, on the date stated above, at 4.12 P. m.

The CAUSE OF DEATH* was as follows:

Septecemia

5 days (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute ileus

24 hours (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of 11-25-32

Was there an autopsy?

What test confirmed diagnosis? Usual.

(Signed) John L. Audrey, M. D.

19 (Address) 3012 Northway Drive.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
University of Md	Dec 6 1932
20 UNDERTAKER	ADDRESS

REMOVAL

...ation should be carefully supplied. Age should be stated in every case. If the exact information cannot be obtained, "About" should be inserted. The certificate must be filled out very carefully in all its parts. Causes of death which may prove of interest to the Health Officer of the locality should be stated. Indefinite and unsatisfactory causes of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 85175

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85175

CERTIFICATE OF DEATH

REGISTERED NO. 75

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Mercy Hospital WARD 4-1)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME John Frawley

(a) RESIDENCE: NO ..... ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Vagabond
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Washington D C

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant

(Address)

15 Filed DEC 6 - 1932 Washington Williams N.T. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
myocarditis
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Alcoholism
heart (duration) unknown yrs. mos. ds.

Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) James M Fegelson M. D. Coroner

12 1 1932 (Address) 7001 Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenwood Md

DATE OF BURIAL Dec 6 19 32

20 UNDERTAKER

ADDRESS

Department of Health

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25-33 St. Ward 159)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Carneal

(a) Residence: No. 2005 Cedley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/28/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Carneal

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Va ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Dec 6 19 32

19. UNDERTAKER
(Address)

DEC 6 1932 FILED Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1932, to Nov 28, 1932.

I last saw him alive on Nov 25, 1932. Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Alan Ross, M. D.

(Address) [illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85177.

CERTIFICATE OF DEATH

48 E 85177

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. ST. 6-4 WARD)

2—FULL NAME Mrs. Caroline C. Schaletzky

(a) RESIDENCE NO. 1713 Jefferson ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Schaletzky

6 DATE OF BIRTH (month, day, and year) April 7, 1862 ~~April 7, 1862~~

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69 70	7 7	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. Wife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balt. Md.

PARENTS

10 NAME OF FATHER William Von Wettern

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Doris Bergman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs. Edgar Hahn
(Address) Catonsville, Md.

15 Filed DEC 6 - 1932 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1932, to Dec 5, 1932, that I last saw h.. alive on Dec 5, 1932, and that death occurred, on the date stated above, at 10:10 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Pelvic Organs (Cervix & Uterus) Extra Cantonal Tract

(duration) 7 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema & Heart failure (duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. J. Brown M. D.

12/5, 1932 (Address) Balt. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL Dec. 7 1932

20 UNDERTAKER Wm. H. Cook

ADDRESS 1003 West Baltimore St.

IMPORTANT—Physician or undertaker must see that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85178 E

CERTIFICATE OF DEATH

23 E 85178

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3425 Ravenwood Ave St. 5-40 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H Ortman

(a) Residence: No. 3425 Ravenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Ortman

6. DATE OF BIRTH (month, day, year) April 9 th 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 18 $

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Ortman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Melvin Ortman

(Address) 3425 Ravenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co Date Dec 7, 19 32

19. UNDERTAKER Robert Ulrich

(Address) 2208 Gilmore St

20. FILED DEC 6 - 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 th 1932

22. I HEREBY CERTIFY, That I attended deceased from October 1 1932 to December 4 1932

I last saw him alive on December 4 1932 Death is said to have occurred on the date stated above, at 5.05 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1929
Pulmonary Hemmorrhage	Oct,
and Secondary Anaemia	1932.
Other contributory causes of importance:	
Cardiac Dilatation	Dec 3 1932

Name of operation — Date of —

What test confirmed diagnosis? Physical & autop Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert E Denbaugh M. D.

(Address) 2025 E Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85179

CERTIFICATE OF DEATH

E 85179

53 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 N Wolfe St., 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philippina Ludloff

(a) Residence: No. 2029 N Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Ludloff

6. DATE OF BIRTH (month, day, year) 2/2/1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 3

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Christian L Frese

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Philippina Rock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elizabeth McCondell

(Address) 2029 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Dec 7 1932

19. UNDERTAKER John Ullrich

(Address) 2015 Orleans

20. [illegible] Huntington Williams Registrar

DEC 6 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 31, 19 to Dec 4th, 19 32

I last saw h[illegible] alive on Dec 3rd 32 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcomatosis of bones	1929
Other contributory causes of importance: Cardiac Asthenia	2 days

Name of operation none Date of —

What test confirmed diagnosis? X. Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) L. B. Fulwyhower M. D.

(Address) 1901 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85180

92-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6520 Cleveland St. 26-36

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fred Ritter

(a) Residence: No. 6520 Cleveland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E Ritter

6. DATE OF BIRTH (month, day, year) Jan 9 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	10 11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) St Louis Mo
(State or country)

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) —
(State or country)

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) —
(State or country)

17. INFORMANT John E Cox
(Address) 6520 Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Bennington W Va Date Dec 10, 1932

19. UNDERTAKER John Wesnick
(Address) 2008 Aisquith St

20. FILED ..... 19.....
Registrar.

EC 6-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1929 to Dec 5, 1932

I last saw him alive on Sept 10, 1932 Death is said to have occurred on the date stated above, at 10 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unknown
Other contributory causes of importance: Chronic Arthritis	Unknown

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Reier M. D.

(Address) 2 Towsley Rd Towsley Md

M. D. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85181

CERTIFICATE OF DEATH

E 85181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S. Bouldin St., Baltimore, Md. 26-1 St. 94-901 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary Anna Ditschler

(a) Residence: No. 311 S. Bouldin St., Baltimore, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Adam Ditschler

6. DATE OF BIRTH (month, day, year) Dec. 12, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 40yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Conrad Volgelgesang

14. BIRTHPLACE (city or town) .....
(State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Ott

16. BIRTHPLACE (city or town) .....
(State or country) Germany

17. INFORMANT Adam Ditschler
(Address) 311 S. Bouldin St., City

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date Dec. 8th 1932

19. UNDERTAKER Frederick Grasmick Son
(Address) 740 Belair Road

DEC 6-1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1932

22. I HEREBY CERTIFY. That I attended deceased from Nov. 30, 1932 to December 6, 1932

I last saw her alive on Dec. 6, 1932 Death is said to have occurred on the date stated above, at 2A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Oct. 1st 1932.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. L. Wilkinson M. D.
A. L. Wilkinson
(Address) 5713 Belair Rd., Baltimore, Md.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

(Ransone)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85182 108 E 85182

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Duvall Ave St. 15-65 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary E. Ransome

(a) Residence: No. 4200 Duvall ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Ransone

6. DATE OF BIRTH (month, day, year) March 186[illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Lyda Richels

(Address) 4200 Duvall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date Nov 6 1932

19. UNDERTAKER Frank E. Albaugh

(Address) Cambridge Md

Hunting & Phillips, Inc.

FILED DEC 6 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1932 to Dec 6 1932

I last saw her alive on Dec 6 1932 Death is said to have occurred on the date stated above, at 2.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec 1/32
Other contributory causes of importance:	
Lobar pneumonia	Dec 1/32

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D. Wibatt M. D.

(Address) 2220 Garrison Blvd.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 6 - 1932

Spec.—8-16-29—L. F. S.—100 Blks.

E 85183

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003 E 85183

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1800 Harman Ave ST., 25th WARD 72

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles LeRoy French

(a) RESIDENCE NO. 1800 Harman Ave ST., 25th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie E French

6 DATE OF BIRTH (month, day, and year) Jan 15, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Cigar Maker

(b) General nature of industry, business, or establishment in which employed (or employer) 017

(c) Name of employer Not Employed

9 BIRTHPLACE (city or town) (State or country) Nassau N.H.

PARENTS

10 NAME OF FATHER Jonathan L French

11 BIRTHPLACE OF FATHER (City or town) (State or country) Manchester N.H.

12 MAIDEN NAME OF MOTHER Cynthia Chapman

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Coventry Vermont

14 Informant Mrs Chas L French

(Address) 1800 Harman Ave

15 Filed DEC 6 - 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 5, 1932

17

I HEREBY CERTIFY, That I attended deceased from Nov 21, 1932, to Dec 5, 1932;

that I last saw him alive on Dec 5, 1932

and that death occurred, on the date stated above, at 7.00 P m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic

Arterial Hypotension

Anaemia.

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocardial Insufficiency

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? -

Did an operation precede death? No Date of -

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs + Blood

(Signed) Thomas L Wheeler M. D.

Dec 6 1932 (Address) 2410 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park	12/8/1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAU
OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 85184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001 E 85184

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (WARD) 9-12

2-FULL NAME James W. Reeley

(a) RESIDENCE NO. 917 N. Bradford ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Louisa A. Reely

6 DATE OF BIRTH (month, day, and year) June 16th 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): Grocery
(c) Name of employer: A & P Tea Co

9 BIRTHPLACE (city or town) (State or country): Montgomery Co Md

PARENTS

10 NAME OF FATHER: Chas. Reely

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Henrietta Nicholson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Louisa A Reely

(Address): 917 N. Bradford St

15 Filed: Huntington Williams Registrar

C 6-1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6th 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Accidental Fall down Stairs

(duration) At home yrs. mos. ds.

18 Where was disease contracted if not at place of death? 917 N Bradford

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D. Coroner

, 19 (Address) 1305 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: 12/9/1932

20 UNDERTAKER: Wm Cook 1217 — ADDRESS: St Paul St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85135

CERTIFICATE OF DEATH

1866 861

E 85135

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4010 Chesmont Ave St. 27-41 Ward)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Whitaker

(a) Residence: No. 4010 Chesmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Palernon Whitaker

6. DATE OF BIRTH (month, day, year) 8 2 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Blanche Starr (daughter)
(Address) 4010 Chesmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 7th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

DEC 6 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5/32. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 5.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	

Other contributory causes of importance:
Fell out of her bed on nov 29/32
& fractured left hip.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/29/32

Where did injury occur? In home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury As above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Jos Kaufman, M. D.
Coroner

(Address) 508 E Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85186 CERTIFICATE OF DEATH 176 E 85186

1. PLACE OF DEATH Balto City Hospitals 12-3-32 Registered No. .....

CITY OF BALTIMORE: (No. ..... St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Hrabak

(a) Residence: No. Curtis Ave -- Curtis Bay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Henrecia Hrabak

6. DATE OF BIRTH (month, day, year) March 19-1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 615

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bohemia

FATHER

13. NAME Joe. Hrabak

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 7 1932

19. UNDERTAKER John G. Miller
(Address) 2435 E. Oliver St. Baltimore, Md.

DEC 6 1932 FILED ..... 19..... R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-29 1932 to 12-3 1932

I last saw him alive on 12-3 1932 Death is said to have occurred on the date stated above, at 4 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Catarrhal Cholecystitis with Lithiasis	11-29-32
Other contributory causes of importance: Bronchopneumonia	12-1-32
post operative shock	11-29-32

Name of operation Cholecystectomy Date of 11-29-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Boyce Sylvester M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. THIS IS A PERMANENT RECORD.

Spec.—1-12-23—M&T—500 Blks.

E 85187

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85187

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4601 Cedargarden Rd ST. 28-71 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Drusilla Miller nee Mills

(a) RESIDENCE NO. 4601 Cedargarden Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Daniel Miller

6 DATE OF BIRTH (month, day, and year) June 2, 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	40	6	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Wm Mills

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Anna R. Stockman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto, Md.

14 Informant Dr. Daniel Miller

(Address) 4601 Cedar Garden. Rd.

DEC 6 1932 Filed, 19 Huntington Williams, N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 5 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1932, to Dec. 5, 1932, that I last saw her alive on Dec. 5, 1932 and that death occurred, on the date stated above, at m

The CAUSE OF DEATH* was as follows:

Pulmonary Embolism

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Coronary Sclerosis

(duration) yrs mos. 14 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frank C. Mannix, M. D.

Dec 8-32, 19 (Address) 1117 St. Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem.

DATE OF BURIAL 12/7 1932

UNDERTAKER Frederick A. Bole

ADDRESS 2288 W. Fombard, St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC... TION is very important See instructions on back of certificates.

M. D. B. 1268-9

E 85188 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 85188

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 20-14 (Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas J. Ross

(a) Residence: No. 3332 Old Frederick, Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Ross

6. DATE OF BIRTH (month, day, year) June 15, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	5	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tube Burner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Tube

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Ross

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Laura R. Ross

(Address) 3332 Old Frederick, Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem't. Date 12/9 1932

19. UNDERTAKER Frederick A. Cole

(Address) 1202 W. Fayette St.

Huntington Williams N.T.

DEC 6 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5/1932

22. I HEREBY CERTIFY, That I attended deceased from 11/14/1932 to 12/5/1932

I last saw him alive on 12/4/1932 Death is said to have occurred on the date stated above, at 3:35 A.M.

The principal cause of death and related causes of importance were as follows:

Undetermined — Date of onset

Other contributory causes of importance:

Bronchial pneumonia

Chr. Vascular Nephritis

Name of operation Exploration gall Date of 11-23-32

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Archibald B. Nicol M. D.

(Address) St Agnes Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85189

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85189

CERTIFICATE OF DEATH

34

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Ward)

CITY OF BALTIMORE: (No.) Baltimore, Md St. 16-16

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ivan Warren

(a) Residence: No. 1027 Brantley Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Warren

6. DATE OF BIRTH (month, day, year) May 1, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Barbadoes West Indies

FATHER

13. NAME John —

14. BIRTHPLACE (city or town) (State or country) Barbadoes W. Indies

MOTHER

15. MAIDEN NAME Sarah E. Prout

16. BIRTHPLACE (city or town) (State or country) Barbadoes West Indies

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place 2nd Calvary Cem Date 12/8 1932

19. UNDERTAKER Kayser Sanders
(Address) 1413 E Preston St Huntington Indiana N.B.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-23 1932 to 12-4 1932

I last saw him alive on 12-4 1932 Death is said to have occurred on the date stated above, at 12 00 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Syphilitic	October 1932
Aortic insufficiency	"
	"

Other contributory causes of importance:

acute myocardial insufficiency	

Name of operation No Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-5-32 (Signed) Clinical Director Balto City Hospitals M. D.
(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 85190 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85190

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Baltimor City Hospitals

CITY OF BALTIMORE: (No. Baltimor and St. 22-38 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Waddell Brown

(a) Residence: No. 615 Howell St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Janie

6. DATE OF BIRTH (month, day, year) 3-22-81 (?)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kent Island Md

FATHER

13. NAME Jacob Brown

14. BIRTHPLACE (city or town) (State or country) Kent Island Md

MOTHER

15. MAIDEN NAME Annie Brown

16. BIRTHPLACE (city or town) (State or country) Kent Island Md

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 12/7/32

19. UNDERTAKER Charles J. Cooper
(Address) 514 N. Calhoun St

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-30 1932 to 12-3 1932

I last saw h alive on 12-3 1932 Death is said to have occurred on the date stated above, at 2:10 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-26-32

Other **contributory causes** of importance:

None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-5-32 (Signed) Elmer Hipsley Jr. M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 7

M. D. R. 1248-6

E 85191 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85191

CERTIFICATE OF DEATH

3-4 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Gough St St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mollie Hereene

(a) Residence: No. 1411 Gough St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Hereene

6. DATE OF BIRTH (month, day, year) Sept 12 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kate Genthe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Greade

(Address) 1411 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec 7. 1932

19. UNDERTAKER Wendell & Hoopes

(Address) 500 E Eutaw St.

20. FILED DEC 7 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1932 to Dec 4, 1932

I last saw her alive on Dec 4, 1932 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia – (Chr. Nephritis).	4 day
cardio-vascular-renal disease.	4 yr.
Other contributory causes of importance: arthritis – 5 years – arterial hypertension –	4 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual phys. exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis H. Krumen M. D.

(Address) 722 N. Kenwood Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85192

85192 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85192

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., No. 1 Ward)

Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Recktenwald

(a) Residence: No. 316 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret L. Recktenwald

6. DATE OF BIRTH (month, day, year) Sept. 20 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Rudolph Recktenwald

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Christena Klemm

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret L. Recktenwald
(Address) 316 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Cem. Date Dec. 9 1932

19. UNDERTAKER George W. Zirkler
(Address) 1721 E. Eager St.

Huntington Avenue, M.D.

FILED ... 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	
Alcoholism	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1305 Eutaw Pl.

DEC 1 1932

Spec.—1-17-23—M&T—500 Blks.

E 85193

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85193

CERTIFICATE OF DEATH.

✓ 108

REGISTERED NO. 46-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1342 N. Fremont St. (Ward)

2-FULL NAME David T. Brooks

(a) RESIDENCE NO. 1342 N. Fremont St. ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan. 28, 1882

7 AGE Yrs	Months	Days	If LESS than 1 day, hrs or min
50	10	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Contractor

(c) Name of employer St. Mary's Co. Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER David Brooks

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mahaley Thomas

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Lula Holley 1342 N. Fremont St

15 Filed DEC 7 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-4-1932

17 I HEREBY CERTIFY, That I attended deceased from 12-1-, 1932, to 12-4-, 1932, that I last saw h— alive on 12-3-, 1932 and that death occurred, on the date stated above, at 5-30 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

History

Personal Knowledge 9 days

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) George C. Berge, M.D.

, 19 (Address) 506 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery

DATE OF BURIAL Dec 7 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pressman St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

85194 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85194

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 S. Potomac St. 1-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriet V. Thomas

(a) Residence: No. 638 S. Potomac St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ Husband of (or) WIFE of Wm. L. Thomas

6. DATE OF BIRTH (month, day, year) Jan 12, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robert B. Meades

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ellen Kirby

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Ida M. Ayres

(Address) 638 S. Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery Date Dec. 7, 1932

19. UNDERTAKER Henry Sander & Sons Inc. H. Sander.

(Address) Baltimore St. Hagerstown, Md.

20. FILED Dec 7 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 32 to Dec 4 32

I last saw her alive on Dec 3 32 Death is said to have occurred on the date stated above, at 3:04 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Jan 32

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. L. Richard, M. D.

(Address) 201 E. Fayette

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 7 1932

M. D. B. 1268-9

E 85195 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85195

Margaret Nitschkowski Brown

CERTIFICATE OF DEATH

~ 50

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Maryland St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Nitschkowski Brown

(a) Residence: No. 402 S. Register St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas Brown

6. DATE OF BIRTH (month, day, year) Apr 10, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Albert Pawlowski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Pawlowski

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Bath City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Quarry Cem Date Dec 7, 1932

19. UNDERTAKER John A. Mitchell & Son

(Address) 1900 Eastern Place

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-[illegible], 1932 to 12-5, 1932

I last saw h[illegible] alive on 12-5, 1932 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with metastases to Spine	Dec 1931
Other contributory causes of importance: None	
None	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-5-32 (Signed) Clara Hirschberger M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 7 1932

M. D. B. 1268-9

E 85196

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85196

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 S Fagley St St., 26 Ward) 2637

Length of residence in city or town where death occurred About 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pancratius Schauer

(a) Residence: No. 630 S Fagley St St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eva Schauer

6. DATE OF BIRTH (month, day, year) Nov 8 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Eva Schauer (wife)
(Address) 630 S Fagley St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date Dec 9 19 32

19. UNDERTAKER Lilly Bros. Inc.
(Address) 1 W Preston St

DEC 7 - 1932 Livingston Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6/32 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 - 1932 to Dec 6 - 1932

I last saw h.. alive on Dec 5 1932 Death is said to have occurred on the date stated above, at 8 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Hypertension	1932
Cerebral Hemorrhage & Hemiplegia	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Livingston Williamson, M. D.

(Address) 3517 Fait Ave

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85197 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85197

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. Baltimore, Md St. 26-27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Benjamin Williams

(a) Residence: No. no home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie ?

6. DATE OF BIRTH (month, day, year) Oct 3 — 71

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	— 2	— 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Manuel —

14. BIRTHPLACE (city or town) (State or country) Balto Co, Md

MOTHER

15. MAIDEN NAME Eliz Arnold

16. BIRTHPLACE (city or town) (State or country) Harford Co, Md

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date Dec. 7, 1932

19. UNDERTAKER Richard F. Hunter
(Address) 700 E. Pratt St.

DEC 7 - 1932 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1932 to 12-4, 1932

I last saw him alive on 12-4, 1932 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-30-32

Other contributory causes of importance:

arteriosclerosis	?
Emphysema	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-4-32 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals.

Information desired is absolutely required. Any wrong or evasive answer may be punishable by law. Should be stated EXACTLY. PHYSICIANS: Should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1262-0

8519881 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85198

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15-61 St. 13 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Adam Dietz

(a) Residence: No. 3201 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Dietz nee Mitsel

6. DATE OF BIRTH (month, day, year) 3-1-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Safe Deposit and Trust Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 12/9/32

19. UNDERTAKER George Ahrens & Son
(Address) 2203 Edmondson Ave

20. FILED DEC 1 - 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec - 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov - 22, 1932 to Dec - 6, 1932

I last saw him alive on Dec 6, 1932 Death is said to have occurred on the date stated above, at 1 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) ~~Surgical Shock~~	12/5/32
(b) ~~Post Hemorrhage~~	12/5/32
Benign Prostatic Hypertrophy	

Other contributory causes of importance:

Surgical Shock.
Post Op Haemorrhage

Name of operation Prostatic Resection Date of 12/5/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Loy E. Hurt M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, with pen and ink—this is a permanent record. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

Dr Heidel Entaw Place

85199 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85199

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 N. Gilto St. 4-30 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Fannie Lemm

(a) Residence: No. 643 N. Gilto St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced WIFE of Jacob

6. DATE OF BIRTH (month, day, year) [illegible] 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aron Horowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Lemm

(Address) 643 N. Gilto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Rd. Date 12-7, 19 32

19. UNDERTAKER Levinson Bro

(Address) 1427 E. Fayette St.

20. FILED Interring for Williams, N.J.

DEC 7 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1 - 1932 to Dec - 6 - 1932

I last saw her alive on Dec - 6 - 1932 Death is said to have occurred on the date stated above, at 3.30 a. m.

The principal cause of death and related causes of importance were as follows:

Thrombophlebitis right leg - Date of onset about Nov-31

Embolus - Pulmonary

Other contributory causes of importance:

Enormous obesity

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Herman Heidel M. D.

(Address) 2404 Entaw Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 85200

85200 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2617 Loyola S South Way St. 15-58 Ward.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Anna Eastheson

(a) Residence: No. 2617 Loyola South Way St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Simon Eastheson

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mark Kraw

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mark Kraw

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Simon Eastheson

(Address) 2617 Loyola South Way

18. BURIAL, CREMATION, OR REMOVAL

Place Dark Rd Cemetery 12/9/32

19. UNDERTAKER [illegible]

(Address) [illegible]

19a. FILED Dec 10 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1932 to Dec 7 1932

I last saw her alive on Dec 7 1932 Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Salvular Hypertonitis	7 1
Other contributory causes of importance: Embolism	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 101 Evergreen Falls Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85200

M. D. B. 1268-9

85201

HEALTH DEPARTMENT—CITY OF BALTIMORE

85201

CERTIFICATE OF DEATH

93-008

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 W 37th St. St. 13-52 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Martha J. Bell.

(a) Residence: No. 1011 W 37th St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Bell.

6. DATE OF BIRTH (month, day, year) March 23, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME George Pearce

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Rebecca Carter

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT William Bell.
(Address) 1011 W 37th St.

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date Dec 8, 1932

19. UNDERTAKER Chronowith Son
(Address) 3615-17 Chestnut Ave.

20. FILED ..... 19..... Registrar.

DEC 7 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5 1927 to Dec 5 1932

I last saw her alive on Dec 5 1932 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	4 hrs

Other contributory causes of importance:

Chronic myocarditis + Endocarditis	5 yrs
Pernicious Anemia	2 yrs

Name of operation None Date of .....

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. N. Nelson M. D.

(Address) 548 W 36th St.

M. D. B. 1268-9. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85202 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85202

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) #23 So. Schroeder St., 18-24 (Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva Masen

(a) Residence: No. #23 So. Schroeder St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced — HUSBAND of — (or) WIFE of Anthony A Masen

6. DATE OF BIRTH (month, day, year) Apr 24, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Lithuanian

FATHER

13. NAME Vincent Belkis

14. BIRTHPLACE (city or town) (State or country) Lithuanian

MOTHER

15. MAIDEN NAME Pauline Burglaitius

16. BIRTHPLACE (city or town) (State or country) Lithuanian

17. INFORMANT Mr Anthony A Masen
(Address) #23 So Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12 8 1932

19. UNDERTAKER John F Cowan & Son
(Address) 901 Gallows St.

25. FILED 12 10 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1932 to Dec 4 1932

I last saw her alive on Nov 13 1932 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Aug 1932
Terminal Bronchopneumonia from history	Dec 1

Other contributory causes of importance:

Name of operation NONE Date of —

What test confirmed diagnosis? Physical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Joseph F Benesung M. D.

(Address) 604 Wash Blvd.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938-9

E 85203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85203

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2109 Wilkens Ave (Ward) 26-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John L. Kerber

(a) Residence: No. 2109 Wilkens Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Kerber

6. DATE OF BIRTH (month, day, year) July 28th 1872

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60.	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Station ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carriage Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

FATHER

13. NAME John L. Kerber

14. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

MOTHER

15. MAIDEN NAME Mary Meadows

16. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

17. INFORMANT Mrs. Mary A. Kerber

(Address) 2109 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Dec 9 1932

19. UNDERTAKER John E. Cowan & Son

(Address) 401 Walbrook Ave.

20. FILED DEC 10 1932 Huntington Williams, N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6 1932.

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1932. to Dec. 6, 1932.

I last saw he alive on Dec 5 1932. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/6/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Wm. A. Stevens M. D.

(Address) 1901 Griffith Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E D. B. No.
E 85204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85204

Registered No. 10966

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 3-4 E (Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annabelle Stephenson

(a) Residence: No. 736 S. Carlton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/3/31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Willie

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Lucille Stokes

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Pearson
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Dec 7 1932

19. UNDERTAKER Robert Williams
(Address) 1515 Mc Elderry st

20. FILED DEC 7 - 1932 [illegible] Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-2-1932 to 12-4-1932

I last saw her alive on 12-4-1932 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11/28

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Allan Ross, M. D.

(Address) 1 E. Pleasant St.

N. B.—WHILE PENALTY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85205

85205 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — Registered No. 1937

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 37 yrs. ... mos. ... ds.

2. FULL NAME Ripple Burton

(a) Residence: No. Baltimore City Hospitals St., ... Ward. Res. Baltimore (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 8, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 087

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME John Burton

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Adelaide White

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec 7, 1932

19. UNDERTAKER John F. Fahey & Son (Address) 1318 Eutaw St

DEC 7 1932

FILED ... Huntington Williams, N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 24 '32 to Dec 5, 1932

I last saw h... alive on Dec 4, 1932 Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, Squamous Cells left inguinal Glands (Chronic ?)	Nov. 1931
Other contributory causes of importance: Bronchopneumonia	Dec 3, 1932

Name of operation Excision of inguinal Glands Date of 7/23/32

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M.D.

(Address) Balto City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85206

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85206

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 10-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Mullen

(a) Residence: No. 1012 Brentwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-6-32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		20 hours	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John F. Mullen

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna R. Mullen

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT John F. Mullen

(Address) 1012 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 8. 1932

19. [illegible] Rita Wudfield

[illegible] 1012 Brentwood Ave

DEC 7 1932

20. FILED ..... Registrar

Huntington Mills, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7-1932

22. I HEREBY CERTIFY, That I attended deceased from 12/6/32 . 19 ..... to 12/6/32 . 19 .....

I last saw h[illegible] alive on 12/6/32 . 19 ..... Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Twin	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. J. Young M. D.

(Address) St Josephs Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

E 85207

85207 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85207

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb. 17 or 22) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jerome Thomas

(a) Residence: No. 565 Moss st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal yard

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas Thomas

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 7 1932

19. UNDERTAKER [illegible]
(Address)

20. FILED DEC 7 1932 By Wm. E. Woodall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3rd 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22 1932 to Dec. 3rd 1932

I last saw him alive on Dec. 3rd 1932 Death is said to have occurred on the date stated above, at 7.20 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 15 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Stone M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

E 85208

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85208

CERTIFICATE OF DEATH

91-001

Registered No. 15-62

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3510 Copley Road St., Ward)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Walbrecher

(a) Residence: No. 3510 Copley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Walbrecher

6. DATE OF BIRTH (month, day, year) Nov. 1, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Kuhlman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Bender

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Emma W. Smith
(Address) 3510 Copley Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 8, 1932

19. UNDERTAKER Wm. J. Tuckerman & Son
(Address) North & Eden Aves.

20. FILED DEC 7 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 15 1932 to Dec. 6 1932

I last saw h er alive on Dec. 5 1932 Death is said to have occurred on the date stated above, at 2.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute endocarditis	Dec. 1932
Other contributory causes of importance: Arterio-Sclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. E. Wilson M. D.

(Address) 3 W. Biddle St.

Information asked for on this certificate is necessary supplies. Add should be filled out so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12684

85209

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85209

CERTIFICATE OF DEATH

Registered No. 51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 17-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Smith

(a) Residence: No. 739 Pierce St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna

6. DATE OF BIRTH (month, day, year) 11/12/68

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	-	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Miranda Hesson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Dec 9 1932

19. UNDERTAKER Frank A Lively
(Address) 740 N. Monroe St
Huntington Wellness, M.D.
Registrar.

DEC 7 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-30-1932 to 12-5-1932

I last saw him alive on 12-5-1932 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bladder Neoplasm (Urinary)	
Infiltrating Carcinoma	1 Yr.
Hemorrhage.	

Other contributory causes of importance: Surgical Shock

Name of operation Resection Tumor Date of 12-5-32

What test confirmed diagnosis? / Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ind Lyons M. D.

(Address) [illegible]

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85210 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85210

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 204 Southway St. Gulf Park Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H Tweedy Jr.

(a) Residence: No. 204 Southway St., Gulf Park Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary W. Tweedy

6. DATE OF BIRTH (month, day, year) Dec 20 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Capitalist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 25 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milwaukee Wis

FATHER

13. NAME John H Tweedy.

14. BIRTHPLACE (city or town) (State or country) Danbury Conn.

MOTHER

15. MAIDEN NAME Mariah Fisher

16. BIRTHPLACE (city or town) (State or country) Boston Mass.

17. INFORMANT Son Mr Tweedy
(Address) 204 Southway

18. BURIAL, CREMATION, OR REMOVAL Place Milwaukee Wis Date Dec 9 1932

19. UNDERTAKER Henry Hankin & Co.
(Address) Eckhart & Mc Cabe Sts Huntington Williamson, W. Va.

20. FILED DEC 7 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1932 to Dec 7 1932

I last saw him alive on Dec 7 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis W. Gluck M. D.

(Address) 1110 St Paul St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85211

Registered No. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St. 13-59 Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY. CONTEE

(a) Residence: No. Johns Hopkins Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	if LESS than 1 day, 13 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME BENJAMIN CONTEE, 2501 SALEM ST

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME ARECIA CASSEL, 2501 SALEM ST

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med Valley Date Dec 7, 19 32

19. UNDERTAKER
(Address)

FILED DEC 7 - 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932, to Dec 3, 1932

I last saw him alive on Dec 3, 1932 Death is said to have occurred on the date stated above, at 3-45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12/3/32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify ...

(Signed) Ralph D Dale M. D.

(Address) Johns Hopkins Hospital,

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85212

CERTIFICATE OF DEATH

46 E 85212

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd St., 11-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr James H. Wright

(a) Residence: No. Eutaw Pl & Lanvale St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

hotel apartment

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Sarah F. Wright

6. DATE OF BIRTH (month, day, year) March 23, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel.

10. Date deceased last worked at this occupation (month and year) 11-24-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Co, Md.

FATHER

13. NAME William Snowden Wright

14. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

MOTHER

15. MAIDEN NAME Liza Beall

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

17. INFORMANT Wife

(Address) Hotel Altamont, Balto, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 12/8 1932

19. UNDERTAKER Henry R. Means & Son

(Address) 508 W. Saratoga St.

20. FILED DEC 7 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-24, 1932 to 12-6, 1932

I last saw h... alive on Dec 6, 1932 Death is said to have occurred on the date stated above, at 8:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	
Other contributory causes of importance: Peritonitis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank R Stephenson M. D.

(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

85213

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85213

CERTIFICATE OF DEATH

1. PLACE OF DEATH Providence Hospital

CITY OF BALTIMORE: (No. 1514 Dimmock St., or Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs 2 mos. ...ds. How long in U. S. if of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME William Fowlkes

(a) Residence: No. 1001 Key St., Spring Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James H. Fowlkes

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Betty Jennings

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alfred D. Dampeer

(Address) 1001 Key St Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Holloway Va Date Dec 9th, 1932

19. UNDERTAKER Samuel McClean & Son

(Address) 638 N. Gilmor St

Huntington Williams Nat

20. FILED DEC 8 - 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1932 to 12-5, 1932

I last saw him alive on 12-5, 1932 Death is said to have occurred on the date stated above, at 6:28 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	10-4-32

Other contributory causes of importanre:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. Harris, M. D.

(Address) Providence Hospital

INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

E 85214 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85214

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Franklin Square Hospital — Registered No. ____

CITY OF BALTIMORE: (No. Fayette & Calhoun St. 23-33 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Jacobs

(a) Residence: No. 1509 Race Street St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 17 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lamp Lighter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Amer. Lighting Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Mordecai D. Jacobs

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Mary E. Hartlove

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT George Jacobs (Brother) (Address) 1509 Race St

18. BURIAL, CREMATION, OR REMOVAL Place Mount Olivet Cem. Date Dec 8, 1932

19. UNDERTAKER John F. Denny (Address) 715 Light St

20. FILED DEC 8-1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932 to Dec 5, 1932

I last saw him alive on Dec 3, 1932. Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Arteriosclerosis	6
with acute dilatation	

Other contributory causes of importance:

Hemiplegia	1

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harris E. Schreiber, M. D.

(Address) Franklin Square

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85215

E 85215

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1412 (Division St.) 14-36 (Ward)

Length of residence in city or town where death occurred 60 yrs. / mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie D. Wright

(a) Residence: No. 1412 (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
female	colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Dobson

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

MOTHER

15. MAIDEN NAME Jane Prout

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lizzie Ross

(Address) 2208 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 12/8 1932

19. UNDERTAKER Samuel J. Hemsley

(Address) 578 W Biddle St

20. FILED DEC 9 - 1932 Washington Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1931 to Dec. 4 - 1932

I last saw h[illegible] alive on Dec 4 1932 Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis — Date of onset Aug 14-31

Other contributory causes of importance: Cardiac insufficiency — Date of onset Mar 19 1932

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 517 Franklin Terr

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85216 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 1645 601 E 85216

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 14-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. 2 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Ollie Grace [illegible]

(a) Residence: No. 1725 Mc Culloh St., Ward. Alabama

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Singe

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) about 1897

7. AGE Years about 35 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala.

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police Dept Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Birmingham Ala Date 12/9/32 19

19. UNDERTAKER Isaiah L Bivins Son

(Address) 108 E Montgomery St

20. FILED DEC 8 - 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 32

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on Dec 7, 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide - Asphyxiation	
Other contributory causes of importance: Alcoholism	Yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Dec 7 19....

Where did injury occur? 1725 Mc Culloh

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address)

Coroner

information should be carefully supplied. Age should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85217

1-30—M. & T.—100 B—50L

E 85217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 E. Pratt ST. 2-4 WARD)

2-FULL NAME Mrs. Anna Schaub

(a) RESIDENCE NO 1804 E. Pratt ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Schaub

6 DATE OF BIRTH (month, day, and year) August 2, 1882

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	4	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Christian Strauss

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. George Schaub (Husband)
(Address) 1804 E. Pratt St.

15 Filed DEC 8 - 1932 Huntington Pinkard Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 6, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon Monoxide Poisoning (Illuminating Gas)

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Suicide

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. J. Neuse M.D., M. D. Coroner

, 19 (Address) 1352 Potters Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL Dec. 8, 1932

UNDERTAKER Henry Sauer J. Sauer & Sons, Inc.

ADDRESS Baltimore St & Broadway

Cor.—10-10-29—A Co.—100 Bks.

E 85218

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85218

CERTIFICATE OF DEATH

82-001

1-PLACE OF DEATH

City of Baltimore: (No. 2023 Eagle St.) 20-28 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Godfried Nowack

(a) RESIDENCE NO. 2023 Eagle St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 55 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Fate Henrietta Nowack

6 DATE OF BIRTH (month, day, and year) Jan. 28, 1860

7 AGE	Years	Months	Days	IF LESS than 1 day: hrs. or min.
	72	10	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) —
(State or country) Germany

PARENTS

10 NAME OF FATHER ? Nowack

11 BIRTHPLACE OF FATHER (city or town) —
(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) —
(State or country) Unknown

14 Informant Mrs. Louise Whitmore
(Address) 1018 Rosedale St

15 Filed , 19 Registrar

DEC 8 - 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hypoplexy

(duration) Suddenly yrs. mos. ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? History Symptoms

(Signed) Guy W. C. Tomsell M. D.

12/7, 1932 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Cem

DATE OF BURIAL Dec 8 1932

20 UNDERTAKER Harry A Wilhelm

ADDRESS 4101 Edmondson Ave

Please see instruction on back of certificate. See instructions on back of certificate. OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE

Spec.—9-30—A. & Co.—250 Bks.

E 85219

E 85219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 98

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3918 Pennington St. 25-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth Ann Goodrich

(a) RESIDENCE No. 3918 Pennington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69.	1863 April		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) Ellicott City
(State or country) Howard County

PARENTS

10 NAME OF FATHER Benj. Hamilton

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Dont. Know

12 MAIDEN NAME OF MOTHER Dont. Know

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Dont. Know

14 Informant Frank T. Burgunder
(Address) 3918 Pennington St

15 Filed DEC 8 - 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 7 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Dec 7, 1932

that I last saw h alive on Dec 6, 1932

and that death occurred, on the date stated above, at 9 A m.

The CAUSE OF DEATH* was as follows:

Senile Gangrene

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinically

(Signed) R. C. Campbell M. D.

12/7, 1932 (Address) 1694 Hanover

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem.

DATE OF BURIAL Dec 10, 1932

20 UNDERTAKER Martin J. Lowry

ADDRESS 1102 Forrest

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

E 85220

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85220

CERTIFICATE OF DEATH

v 131

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1520 Argyle Ave., ST., 14-30 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Samuel Rice Keyes

(a) RESIDENCE NO. 1520 Argyle Ave., ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 57 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Butler 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Unk

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unk

12 MAIDEN NAME OF MOTHER: Sarah Monping

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Cora Keyes

(Address) 1520 Argyle Ave

15 Filed DEC 8 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 6, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932 to Dec. 6, 1932, that I last saw him alive on Dec. 6, 1932 and that death occurred, on the date stated above, at 3:50 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis don't know

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. H. Pitt, M. D.

, 19 (Address) 1021 Madison Ave.,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Carburn	12/8 1932
20 UNDERTAKER	ADDRESS
Eubanks & Geddis 1845	McCulloh

BEFORE signing be certain you understand ALL items and have answered EACH. THOSE ITEMS should be carefully explained. ALL should be stated EXACTLY. THOSE ITEMS OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

85221

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85221

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3126 Ravenwood Ave. St., 9-40 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Thomas A. Pilker

(a) Residence: No. 3126 Ravenwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret L.

6. DATE OF BIRTH (month, day, year) June 22, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen'l

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) Unknown
(State or country)

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) "
(State or country)

17. INFORMANT Margaret L.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12, 3, 32 19..

19. UNDERTAKER Richard W. Meckel
(Address) 1221 Light St.

[illegible] 19..

Registrar.

DEC 6 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 9th 1932 to Dec 6th 1932

I last saw him alive on Dec 6th 1932 Death is said to have occurred on the date stated above, at 8 10a m.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Hypertension
Pellagra

Date of onset

Other contributory causes of importance:

Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. J. Sanker M. D.

(Address) 119 N. Mulberry

Information called for on this certificate is required by law. Any false statement or omission may be punishable by fine or imprisonment or both. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85222

CERTIFICATE OF DEATH

E 85222

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1032 Druid Hill St., 17-24 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Faulk

(a) Residence: No. 1032 Druid Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Faulk

6. DATE OF BIRTH (month, day, year) 12-25 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Robeson Co. N.C.

FATHER

13. NAME Alfred Mitchell

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Wm. A. Howard

(Address) 1032 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Zion Date Dec. 9, 1932

19. UNDERTAKER Mrs Rufus R. Williams

(Address) 322 N. Schroeder St.

20. FILED DEC 8 - 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1932 to Dec 6, 1932

I last saw her alive on Dec 5, 1932 death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	6-1-32
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 118 E. Druid Hill.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 35223 HEALTH DEPARTMENT—CITY OF BALTIMORE E 35223

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 809 or Broadway St., 19 Ward)

Registered No. 1130

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Faul

(a) Residence: No. 809 Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME James Faul

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Agnes Moore

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Agnes Gibson

(Address) 809 Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 9, 1932

19. UNDERTAKER Miss Katie R. Williams

(Address) 3221 Desmond St. Huntington Williams, Md

20. FILED ..... 19 ..... Registrar.

C 8-1022

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/32 19

22. I HEREBY CERTIFY, That I attended deceased from 11/23/32 19 ..... to 12/6/32 19 .....

I last saw h.. alive on 12/6/32 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	11/29/32

Other contributory causes of importance:

I don't know the contributory cause of Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Lee Hall, M. D.

(Address) 809 Broadway

Information should be carefully supplied. Any omission may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. H 1268-9

85224

HEALTH DEPARTMENT—CITY OF BALTIMORE

85224

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 W. Mulberry St. 17-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Lizzie Preston

(a) Residence: No. 722 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Preston

6. DATE OF BIRTH (month, day, year): May 8, 1872

7. AGE: Years: 60 | Months: 6 | Days: 24 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hartford Co., Md

FATHER

13. NAME: James Scott

14. BIRTHPLACE (city or town) (State or country): Hartford Co Maryland

MOTHER

15. MAIDEN NAME: Jane ?

16. BIRTHPLACE (city or town) (State or country): Hartford Co., Md

17. INFORMANT: Sylvia Rhodes

(Address) 722 W. Mulberry

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Zion Date Dec 8, 1932

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 322 N. Spring St.

20. FILED ..... 19..... ..... Registrar.

DEC 8 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-4- 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-1- 1932 to 12-4- 1932

I last saw h-d alive on 12-4- 1932 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-nephritis	1929

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John E. T. Lampley M. D.

(Address) 1119 N. Carrollton Ave

Information should be carefully supplied. Also should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85225 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85225

CERTIFICATE OF DEATH

137 ✓

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel W. Parker

(a) Residence: No. 560 Ryford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

5a. If married, widowed, or divorced
RUSBAND of
(or) WIFE of Martha Parker

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year) 0 2 3
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Md.

FATHER

13. NAME Harden Parker
14. BIRTHPLACE (city or town) ..... (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) ..... (State or country) Unknown

17. INFORMANT Albert Parker
(Address) 1552 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Nov 8, 1932

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder Ave

20. FILED ..... Huntington Williams, N.S.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to Dec 4, 1932

I last saw h[illegible] alive on Dec 4, 1932. Death is said to have occurred on the date stated above, at 6 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cystitis	
Tuberculosis	11/25/32

Other contributory causes of importance:

Prostatic Hypertrophy	[illegible]

Name of operation Cystotomy Date of 11/27/32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [signature] M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

85226

HEALTH DEPARTMENT—CITY OF BALTIMORE

85226

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Agnes' Hospital St. (Ward) 16-17

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose McCallan Yeager

(a) Residence: No. 1128 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry H Yeager

6. DATE OF BIRTH (month, day, year) Aug. 26, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James Mc Callan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sara Yeager

(Address) 1128 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/9 . 193

19. UNDERTAKER H C Jamison Son

(Address) 1360 Poplar Grove St

20. FILED . 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6 . 1932

22. I HEREBY CERTIFY, That I attended deceased from inquest & autopsy . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at inquest & autopsy

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Pelvis	
Shock	12/6/32
Other contributory causes of importance:	
Struck by automobile	12/6/32

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/6 . 1932

Where did injury occur? Poplar Grove St nr. Lafayette
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto. while

Nature of injury walking across Street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 220 E Madison St.

M. D. B. 1268-B

E 85227

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85227

CERTIFICATE OF DEATH

23 X

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 12-50 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John S. Fowler

(a) Residence: No. 3108 N. Calvert St. St., ... Ward. Eleventh P.C.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Elizabeth Hodgson

6. DATE OF BIRTH (month, day, year) Nov. 11, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Surgeon 054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) October 3, 1932

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Alexandria Virginia

FATHER

13. NAME Sherman B. Fowler

14. BIRTHPLACE (city or town) (State or country) Kingston New York

MOTHER

15. MAIDEN NAME Bertha Tett

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT John S. Fowler

(Address)

18. ~~BURIAL~~, CREMATION, ~~OR~~ REMOVAL

Place Alexandria Va. Date Dec 8. 1932

19. UNDERTAKER John T. Arnold

(Address) Alexandria Va

20. FILED ..... 19..... Registrar.

DEC 8 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8. 1932

22. I HEREBY CERTIFY, That I attended deceased from October 3. 1932 to December 8. 1932

I last saw him alive on December 8. 1932 Death is said to have occurred on the date stated above, at 7.20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Richard T. Shackelford M. D.

(Address) Union Memorial Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85228 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85228

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 W. North Ave. St. 15-68 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Israel Delevie

(a) Residence: No. 2300 W. North Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha L. Delevie

6. DATE OF BIRTH (month, day, year) Apr. 9, 1855.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Solomon Delevie

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hester Levy

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT Mrs. A. Freed (Daughter)
(Address) 2300 W. North Ave.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Balto. Heb. Cem. Date Dec. 9, 19 32

19. UNDERTAKER Ward Sondheimer & Son
(Address) 1902 Eutaw Place

... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15 1932 to Dec 7th 1932
I last saw him alive on Dec. 6th 1932 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	1 yr.
Other contributory causes of importance:	
Prostatitis	3 mos.

Name of operation None Date of ...

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas Perdue, M. D.

(Address) 2202 W. North Ave.

DEC 8 - 1932

This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85229

CERTIFICATE OF DEATH

E 85229

46

28-71

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Athol-Frederick Road St., C. Ward)

Length of residence in city or town where death occurred 9 yrs. 5 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Taylor Erwin

(a) Residence: No. Conway Apartments St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Locke Erwin

6. DATE OF BIRTH (month, day, year) Nov. 10, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65 ~~66~~	-	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Benjamin Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Annie Atkinson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Anna Taylor Smythers
(Address) Grafton Hotel Wash. D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Oxford N.C. Date 12/8/32

19. UNDERTAKER John D. Mitchell Sons
(Address) Penn Ave & 31st St

20. FILED DEC 8 - 1932 Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1932 to Dec. 5, 1932. I last saw h[illegible] alive on Dec. 5, 1932. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Malignant Intestinal Disease

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alfred J. Cowen, M. D.

(Address) Athol Frederick Rd. City

AaCo. 5-31 2508

E 85230 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85230

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hosp St. [illegible] Ward)

Length of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? ....yrs....mos.....ds.

2. FULL NAME Mrs. Margaret Keiner

(a) Residence: No. 18 S. Highland Ave St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. Philip Keiner

6. DATE OF BIRTH (month, day, year) 8-17-58

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Lewis Meckle

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Philip Keiner
(Address) 18 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 9, 1932

19. UNDERTAKER George J. Smith
(Address) 1532 Hollins

20. FILED DEC 9 - 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/3, 1932 to 12/7, 1932

I last saw h[illegible] alive on 12/7, 1932 death is said to have occurred on the date stated above, at 11[illegible]5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pancreas?	
Diabetes mellitus	
Other contributory causes of importance:	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Adolph H Crawbuck, M. D.

(Address) Bon Secours Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

85231

HEALTH DEPARTMENT—CITY OF BALTIMORE

85231

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 Collins St. 70-71 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Warner

(a) Residence: No. 327 Collins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 5th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester Maryland

FATHER

13. NAME Conrad Warner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Albright

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Mary Fischer

(Address) 327 Collins

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Dec 8, 1932

19. UNDERTAKER J. Vernon Keefer

(Address) 1532 Collins Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 20th, 1932, to Dec 5th, 1932

I last saw h.. alive on Dec 5th, 1932 Death is said to have occurred on the date stated above, at 1125 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Chr. Nephritis	1925
Cerebral hemorrhage	Nov 20 '32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest Spencer Jr. M. D.

(Address) 3 Aisquith & Augusta Ave.

E

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EUG 6-1939

M. D. B. 1268-0

E 85232

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85232

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5814 Harford Road) (Ward) 27-43

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza J Smith

(a) Residence: No. 5814 Harford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Frederick J Smith

6. DATE OF BIRTH (month, day, year) Feb 22nd 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto County

FATHER

13. NAME James K Hurley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mathia Glass

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mathia Hughes
(Address) 5814 Harford road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Dec 9th 1932

19. UNDERTAKER George Schmidt & Sons
(Address) 1124 E Monument St

20. FILED DEC 8 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Dec 6 1932

I last saw h alive on Dec 6 1932 Death is said to have occurred on the date stated above, at 7:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1 1932
Other contributory causes of importance: Pulmonary Tuberculosis	

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Long M. D.

(Address) 5829 Harford Rd

E 85232

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

85233

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85233

51

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1003 W 38~~8~~ St ST. 13-52 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Joseph Taylor

(a) RESIDENCE NO. 1003 W 38th St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4yr yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): marrid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Taylor

6 DATE OF BIRTH (month, day, and year): Oct 8, 1859

7 AGE: Years 73 Months 2 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): md.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Elizabeth Taylor

(Address): 1003 W 38th St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 8, 1932

17

I HEREBY CERTIFY, That I attended deceased from July 4, 1932, to Dec. 8, 1932, that I last saw h~~e~~r alive on Dec. 7, 1932, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Acute Duodenitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Cancer of Prostate

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) C. L. Chaplin, M. D.

12/8 1932 (Address) 3701 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodbury, Balto Co.

DATE OF BURIAL: Dec 10 1932

20 UNDERTAKER: Thanowitz Bros

ADDRESS: 3615 Eastern Ave

DEC 8 - 1932

E. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

85234 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85234

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Buczek

(a) Residence: No. 2412 Hudson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 16 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	18	4	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Stanislaw Buczek

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Cecelia Rzeniak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislaw Buczek

(Address) 2412 Hudson Street

18. BURIAL, CREMATION, OR REMOVAL.

Place St. Stanislaus Date Dec 10 1932

19. UNDERTAKER George A. Weber

(Address) 205 E. Eutaw St.

DEC 8 1932 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1932 to Dec 7 1932

I last saw him alive on Dec. 7 1932 Death is said to have occurred on the date stated above, at 5.45 Am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1927
Chronic nephritis	1931
Other contributory causes of importance:	
cardiac failure & heart failure	Nov 7, 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William E Brown M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 E 85235

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 S Wolfe st St. 2-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Kasper Swigon

(a) Residence: No. 504 S. Wolfe street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Josephine Swigon

6. DATE OF BIRTH (month, day, year) January 6 - 1869.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10 11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Bartin Swigon

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Barbara Szymentera

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Josephine Swigon

(Address) 504 S Wolfe street

18. BURIAL, CREMATION, OR REMOVAL

Place St. Nannas Cem Date Dec 12th 1932

19. UNDERTAKER George A Wurst

(Address) 705 S Ann st

DEC 8 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 . 1930 to Dec 7 . 1932

I last saw him alive on Dec. 7 1932 Death is said to have occurred on the date stated above, at 11:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease	

Other contributory causes of importance:

acute Dilatation of the Heart	

Name of operation none Date of

What test confirmed diagnosis? P. S. & Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J Kruger . M. D.

(Address) 611 Eastern Ave

E. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 85236

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85236

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-48 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Townsend

(a) Residence: No. Sinai Hospital St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 5 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland -

FATHER

13. NAME Thomas Wilson Townsend -
14. BIRTHPLACE (city or town) Christiantown
(State or country) Maryland -

MOTHER

15. MAIDEN NAME Naomi Ball
16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland -

17. INFORMANT Naomi Townsend
(Address) 3121 Shamview Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Levindale Date Dec 8 1932

19. UNDERTAKER
(Address)

DEC 8 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1932 to December 5, 1932
I last saw her alive on December 5, 1932 death is said to have occurred on the date stated above, at 11:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12/5/32
Other contributory causes of importance:	

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Archie Robert Cohen, M. D.
(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85237

HEALTH DEPARTMENT—CITY OF BALTIMORE 85237

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 1

CITY OF BALTIMORE: (No. ..... St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John A. Rybarczyk (Fisher)

(a) Residence: No. 235 S. Chapel st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Anna Rybarczyk

6. DATE OF BIRTH (month, day, year) Sept. 23, 1892 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40?		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Ignatius Rybarczyk

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Dec 9, 1932

19. UNDERTAKER John J. Welsh
(Address) 404 E. Chester st

FILED DEC 8 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1932, to December 6, 1932

I last saw h im alive on December 6, 1932 Death is said to have occurred on the date stated above, at 9.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	Sept. 29, 1932
Myocardial Insufficiency	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bennett A. Stowe M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85238

CERTIFICATE OF DEATH

1. PLACE OF DEATH Walkens & Caton Aves

CITY OF BALTIMORE: (No. St Agnes Hospital St) 75-12

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 2 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Miss Ruth Clark

(a) Residence: No. 18 Taft St. Dorchester-Mass. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25, 1901

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
30	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Boston Mass

FATHER

13. NAME Mr George F Clark

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Turner

16. BIRTHPLACE (city or town) (State or country) Boston-Mass

17. INFORMANT Mr George Clark

(Address) 18 Taft St Dorchester-Mass

18. BURIAL, CREMATION, OR REMOVAL

Place Boston Mass. Date Dec. 9, 1932

19. UNDERTAKER Martin Papen-Sons

(Address) 1827 W. Fayette St.

Huntington Williams, N.D.

FILED DEC 8-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-29-, 1932 to 12-8, 1932

I last saw her alive on 12-8-, 1932 Death is said to have occurred on the date stated above, at 9.50 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Abscess Formation.	
Endocarditis (VB).	

Other contributory causes of importance:

Pulmonary Oedema

Name of operation ....Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of injury ...., 19....

Where did injury occur? ....(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify ....

(Signed) Norbert O Mikels, M. D.

(Address) 2151 Walbrook Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2508

E 85239

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85239

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH Lyndenham Hospital

CITY OF BALTIMORE: (No.) St. 13-57 Ward)

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. — mos. 11 ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Catherine LOUISE Reynolds

(a) Residence: No. 3808 Roland Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27-1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	—	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Joseph RAYMOND Reynolds

14. BIRTHPLACE (city or town) Georgia (State or country)

MOTHER

15. MAIDEN NAME Goldia Byers

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Father Joseph Reynolds
(Address) 3808 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec. 10: 1932

19. UNDERTAKER Horace E. Burgee
(Address) 3631 Frelly Road

Huntington Williams, M.D.
Registrar.

EC 8-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/1932

22. I HEREBY CERTIFY, That I attended deceased from 12/6, 1932, to 12/8, 1932

I last saw her alive on 12/8, 1932 death is said to have occurred on the date stated above, at 2:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Influenzal Meningitis	12/6
Other contributory causes of importance: Pulmonal Chlamydia Media	?

Name of operation none Date of

What test confirmed diagnosis? microscopic on Spinal Fluid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harry Lachman M. D.

(Address) Lyndenham Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30 M. & T.—100 B—50L

E 85240

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85240

CERTIFICATE OF DEATH

167

1-PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 3229 St. Paul ST. 12-50 WARD)

2-FULL NAME William Frost Moore

(a) RESIDENCE No 3229 St. Paul ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Wright Moore

6 DATE OF BIRTH (month, day, and year) June 27, 1883

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	5	10	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Insurance Broker
(b) General nature of industry, business, or establishment in which employed (or employer) O & S
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Moore

11 BIRTHPLACE OF FATHER (city or town) (State or country) Londonderry Ireland

12 MAIDEN NAME OF MOTHER Lucy F. Frost

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr John Moore

(Address) 6 York Court Baltimore

15 Filed ..... Huntington Williams, Jr. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7/1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot Wound Through Head (Suicidal)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) ..... M. D.
Coroner

12/8 1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Spesutia, Harford County DATE OF BURIAL Dec. 9, 1932

20 UNDERTAKER E. Leroy Stifler, Inc. ADDRESS 125 E. North Ave

C 8 - 1932

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

E 85241

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85241

O'Kennedy

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 840 S. Paca St. 21-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Kennedy

(a) Residence: No. 840 S. Paca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | Color or race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Kennedy

6. DATE OF BIRTH (month, day, year) 1857

7. AGE: Years 75 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME dont know

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thos. E. Watson

(Address) 632 Wildwood Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 12/10/ 1932

19. UNDERTAKER J. J. Moran

(Address) 3006 Eastern Ave

20. FILED DEC 9 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7/ 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1- 1932 to Dec 6- 1932

I last saw her alive on Dec 6- 1932 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1930
Bronchopneumonia	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward J. Heelan M. D.

(Address) 3507 Fairview

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 9-1932

M. D. B. 1268-9

85242

HEALTH DEPARTMENT—CITY OF BALTIMORE

85242

CERTIFICATE OF DEATH

E 8-17 v 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 N.Durham Street St., 8-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Cremens

(a) Residence: No. 1821 N.Durham Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Cremens 1853

6. DATE OF BIRTH (month, day, year) Aug. 11, ~~1932~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	26	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Hardy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elizabeth Malone

(Address) 1821 N.Durham Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Dec. 10, 1932

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 19[illegible] [illegible] Registrar

DEC 9 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1932 to Dec 1932

I last saw h[illegible] alive on Dec. 6. 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary F Voegtlein M. D.

(Address) 1028 Valley St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85243 HEALTH DEPARTMENT—CITY OF BALTIMORE 85243

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. 23

CITY OF BALTIMORE: (No. ..... St., 18-b Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yr yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Mathews

(a) Residence: No. 834 Pierce st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Mathews

14. BIRTHPLACE (city or town) (State or country) Valetharpe Maryland

MOTHER

15. MAIDEN NAME Sarah Counter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Cemetery Date Dec 9, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman st.

20. FILED DEC 9 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1932 to Dec. 6, 1932

I last saw h im alive on Dec. 6, 1932 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1932
Tuberculous laryngitis	March 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Jeanette A. Steen, M. D.
(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85244

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85244

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-59 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Rebecca Meyers.

(a) Residence: No. 2235 Pennsylvania Ave. Ward. CSR.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Jacob Meyers

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman Tolkin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Cova

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Washington Blvd Date 12-9 1932

19. UNDERTAKER Louis Levin Inc.
(Address) 1439 E Baltimore St

20. FILED DEC 9 - 1932 Huntington Wilkinson, REGISTRAR

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, . 1932 to Dec. 8 . 1932

I last saw h.er alive on Dec. 8 . 1932 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia & Cachexia	
Other contributory causes of importance:	
Ca of breast & metastasis.	

Name of operation None. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. C. Cohen. M. D.

(Address) Sinai Hosp.

M. D. B. 1268-9

85245 HEALTH DEPARTMENT—CITY OF BALTIMORE 85245

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 37-53 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth 75 yrs. mos. ds.

2. FULL NAME Chana Kaplan

(a) Residence: No. Levendale St., Ward. 3rd

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Dave

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT M. Wolman

(Address) 225 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date 12-9, 1932

19. UNDERTAKER Clark Lewis Inc.

(Address) 1429 E. Baltimore St

20. FILED [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to Dec. 8, 1932

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Other contributory causes of importance:	

Name of operation Cataract removed + injection Date of 12-5-32

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Bogorad, M. D.

(Address) Sinai Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85246 HEALTH DEPARTMENT—CITY OF BALTIMORE 85246

CERTIFICATE OF DEATH

V 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 3-5 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Klavansky

(a) Residence: No. 1105 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
~~(or) WIFE~~ Lena

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Leibel Klavansky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Klavans
(Address) 1151 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Cem Date 12-9 19 32

19. UNDERTAKER Jack Lewis Inc
(Address) 459 E Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9th 19 32

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema	

Other contributory causes of importance:

Chr. Myocarditis	?
Genl Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. H. Coroner M. D.
(Address) 508 E Fayette St

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85247

E 85247 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 N. Fremont Ave St. 4-76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Kennard

(a) Residence: No. 123 N. Fremont Ave St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Kennard

6. DATE OF BIRTH (month, day, year) Mar 22-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Kennard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Charlotte Rouse

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rose Kennard

(Address) 123 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12-4 ... 1932

19. UNDERTAKER Charles L. Cooper

(Address) 317 N. Eutaw St

20. FILED ... 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 ... 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	12/1/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 2739 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DEC 8-1932

M. D. R. 1268-9

E 85248 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85248

CERTIFICATE OF DEATH

54-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 138 N. Broadway St., 6-9 Ward)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 26 yrs. ... mos. ... ds.

2. FULL NAME Morris Becker

(a) Residence: No. 138 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Rudan, Poland

FATHER

13. NAME Max Becker

14. BIRTHPLACE (city or town) (State or country) Rudan, Poland

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Rudan Poland

17. INFORMANT Dr Weintraub
(Address) 1730 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 12-9-32

19. UNDERTAKER Jay E. ... Co
(Address) 1409-41 ... St

FILED ... 19 12 Registrar.

DEC 9 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1932 to 12-9, 1932

I last saw h. alive on 12-8, 1932 Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory Failure	
Other contributory causes of importance: Brain Tumor	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harry Weintraub, M. D.

(Address) 1730 E. Fayette St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85249 E 35249

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 2-4 Ward) 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Goralski

(a) Residence: No. 428 S. Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Goralski

6. DATE OF BIRTH (month, day, year) May 8, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Wladyslaw Goralski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Kalinowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Goralski
(Address) 428 S. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary. Date Dec 10, 1932

19. UNDERTAKER F. W. Bazewski
(Address) 1932 Eastern Ave.

20. FILED DEC 9 - 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 9.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Pistol Shot Wound Stomach and Spleen	

Other contributory causes of importance:

Name of operation Laparotomy-rep... Date of 12/4 ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ... , 19 ...

Where did injury occur? 1600 bl Lancaster
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On street

Manner of injury Shot himself

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [signature] Coroner, M. D.
(Address) 508 E Fayette

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 2500

E 85250 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131 E 85250

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4122 Harris St., 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Bayer

(a) Residence: No. 4122 Harris Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	Wht	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Leonard E. Bayer

6. DATE OF BIRTH (month, day, year) March 22 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto
(State or country) Md

FATHER

13. NAME Peter Denge

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Otter

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Catherine Feeney
(Address) 3403 Oakenshire Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12-10 1932

19. UNDERTAKER Leonard Rugh
(Address) 2205 Harford Rd

FILED DEC 9 - 1932 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1932, to Dec 7, 1932

I last saw h.. alive on Dec 6 1932 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	10 yrs
Aortic Insufficiency	2 yrs
Other contributory causes of importance:	
Chronic Nephritis	4 yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Wm. Bosley M.D.

(Address) 736 E. Fayette St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85251

CERTIFICATE OF DEATH

160-002

E 85251

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK. All items must be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 S. Linwood Ave. St. ..... Ward) 1-12

Length of residence in city or town where death occurred ..... Life ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Wyble

(a) Residence: No. 103 S. Linwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) Dec. 3. 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Wyble

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Gertrude M. Bennett

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Louis Wyble (Father)
(Address) 103 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date Dec. 6. 1932

19. UNDERTAKER Henry Sander & Sons, Inc. Henry Sander
(Address) Baltimore Broadway

20. FILED DEC 9 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8. 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1932 to Dec 8 1932

I last saw h[illegible] alive on Dec 8 1932 Death is said to have occurred on the date stated above, at 11 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William J. Ryan M. D.

(Address) 801 Kenilworth Dr

Spec.—1-30—M. & T.—250 Blks

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 85252

E 85252

CERTIFICATE OF DEATH.

82-002

1-PLACE OF DEATH

CITY OF BALTIMORE—NO. 809 N. Bond St ST. 7-4 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Laura F. Wilson

(a) RESIDENCE NO. 809 N. Bond St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem.	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred Wilson

6 DATE OF BIRTH (month, day, and year) Sept. 1879

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	8	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Domestic

(c) Name of employer Personal

9 BIRTHPLACE (city or town) (State or country) Brunswick N. J.

PARENTS

10 NAME OF FATHER Benjamin Cole

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown.

14 Informant Evelyn Cooke

(Address) 809 N. Bond St.

DEC 9 - 1932

Huntington Williams M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8 '32.

17 I HEREBY CERTIFY, That I attended deceased from 23/11, 1932, to 8 Dec., 1932, that I last saw h alive on 7 Dec., 1932, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral embolism

Several

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

Years known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Baltimore, Md.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Mansfield Hoy M. D.

1932 (Address) 1028 N. Carolina

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Plainfield New Jersey

DATE OF BURIAL 12/10 1932

20 UNDERTAKER Mrs Lafos L. Bailey

ADDRESS 1421 Jefferson

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS BLANK MUST BE FILLED OUT COMPLETELY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA- CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

AACo. 5-31 250B

E 85253 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85253

Heiners

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt. Gen Hosp St., 1-2 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 40 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Catherine Heinners

(a) Residence: No. 3112 Foster Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Heinners

6. DATE OF BIRTH (month, day, year) 3/22/1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	62	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Pottsville, Pa.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hosp. Records
(Address) West Balto Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Dec. 12 1932

19. UNDERTAKER Chas. P. Mauchton
(Address) 1100 Royal Ave

FILED DEC 9 1932 Huntingtown Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-23 1932 to 12-8 1932

I last saw her alive on 12/8 1932 death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma of body of uterus	(?)
(2) General Carcinomatosis	(?)
(3) Secondary Anemia	(?)
Other contributory causes of importance: arteriosclerosis	(?)
Ventral Hernia	(?)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. Wendelbaum M. D.

(Address) W. Balt. Gen. Hosp.

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85254

E 85254 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6220 Everall Ave., St. 27th Ward 29-42

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Edward Harding

(a) Residence: No. 6220 Everall Ave., St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary I. McCarthy Harding

6. DATE OF BIRTH (month, day, year) Nov. 8, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief clerk in money

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. depart. of Railway Express Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 47yrs

12. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

FATHER

13. NAME Edward S. Harding

14. BIRTHPLACE (city or town) Frederick
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Elizabeth Wolfe

16. BIRTHPLACE (city or town) Thurmont,
(State or country) Maryland

17. INFORMANT Mrs. Thomas Kinnear
(Address) 6220 Everall Ave., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview Cemetery Date Dec 10 1932

19. UNDERTAKER Ehrlich Goodman & Sons
(Address) 401 Belair Road

Huntington Williams, Md.

20. FILED DEC 9 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1932 to Dec. 7, 1932

I last saw him alive on Dec. 7, 1932 Death is said to have occurred on the date stated above, at 6:30P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia and Pleurisy, left lower lobe	Dec. 3, 1932.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. L. Wilkinson M. D.

(Address) A. L. Wilkinson, 5713 Belair Rd., Baltimore, Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Only such information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85255

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85255

CERTIFICATE OF DEATH

52 v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 566 Baker St., 15-31 Ward)

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Watkins Gray

(a) Residence: No. 566 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Gray

6. DATE OF BIRTH (month, day, year) July 11 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 870

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Wm Watkins

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Isabella Harris

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT James Gray
(Address) 566 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Calvert Co Md Date Dec 10th 1932

19. UNDERTAKER ... Gilmor st
(Address)

20. FILED ... 19... Huntington Williams, M.D.

DEC 5 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1932, to Dec 6, 1932

I last saw her alive on 12/6, 1932, death is said to have occurred on the date stated above, at 10 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Face	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Huntington Williams, M. D.

(Address) 2134 Cliff "

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

85256 E

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85256

CERTIFICATE OF DEATH

X 194-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cleveland Hoffman

(a) Residence: No. 1015 E. Hay St., York, Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Hoffman

6. DATE OF BIRTH (month, day, year) June 18, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	37	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. 67

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Samuel Hoffman

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Amanda Conn

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Edna Hoffman
(Address) 1015 E. Hay St, York, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion York Pa Date 12 11. 1932

19. UNDERTAKER William Cook
(Address) 247 S. Queen St

20. FILED DEC 9 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Pelvis-Ruptured Bladder & other Abdominal Injuries	Dec 8

Other contributory causes of importance:

Name of operation Laparotomy-Repair Date of 12/8/32

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 8/32, 19

Where did injury occur? Penna RR at Fulton Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Telegraph Pole fell on him.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Wilson M. D.
Coroner

(Address) 508 E Hay

M. D. H. 1268-0.—WRITE PLAINLY, WITH UNFADING INK.—This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85257 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 85257

CERTIFICATE OF DEATH

92-001

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) # 1828 Belt St. 24-34 Ward

Length of residence in city or town where death occurred 68 yrs. 10 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Gennington

(a) Residence: No. 1828 Belt St St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucy F. Gennington

6. DATE OF BIRTH (month, day, year) Jan 27-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Holland Gennington

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME M. Ella Peacock

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Lucy F. Gennington

(Address) 1828 Belt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date 12-12-1932

19. UNDERTAKER John J. Coward Son

(Address) 401 Hollins St.

FILED DEC 9 - 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1932 to Dec. 8 1932

I last saw him alive on Dec. 8 1932 Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Indefinite	
Exhaustion	12/6/32

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. L. Campbell M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 85258

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85258

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 Gough ST. 1-3 WARD)

2-FULL NAME Baby Boy Mc' Donnan II

(a) RESIDENCE NO. 2218 Gough ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	

5a If married, widowed, or divorced HUSBAND of or) WIFE of 24 week foetus

6 DATE OF BIRTH (month, day, and year)

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or 45 min.
24 week	foetus		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work 24 week foetus

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Mc' Donnan

11 BIRTHPLACE OF FATHER (city or town) Hanover, (State or country) Maryland

12 MAIDEN NAME OF MOTHER Genevieve Jachimowicz

13 BIRTHPLACE OF MOTHER (city or town) Balto, Md. (State or country)

14 Informant Genevieve Jachimowicz (Address) 2218 Gough St.

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1932 to Dec. 9, 1932, that I last saw h.17 alive on Dec. 9, 1932, and that death occurred, on the date stated above, at 5:15 A. m.

The CAUSE OF DEATH* was as follows:

Prematurity &

Maternal Toxemia

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Joseph F. Arenga M. D.

, 19 (Address) 209 S. Castle St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary — DATE OF BURIAL Dec 9 1932

20 UNDERTAKER F W Ozmentt 1932 — ADDRESS Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 85259

E 85259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46v

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Reynolds

(a) Residence: No. 1514 Richland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 12/11/32 19

19. UNDERTAKER Byron & Morris Wright

(Address) 1215 McCulloh St

20. FILED ..... 19 ..... Registrar.

DEC 9 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1932 to Dec. 6, 1932

I last saw him alive on Dec. 6, 1932. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach with pyloric obstruction & consequent inanition.	
Partial resection of stomach on Dec. 1, 1932.	

Other contributory causes of importance:

Cardiac failure

Name of operation Partial resection of stomach Date of 12-1-32

What test confirmed diagnosis? Op. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Carmichael Leighton M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-P

E 85260

E 85260 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

Registered No. 19-27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 N. Mount St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Mcafee

(a) Residence: No. 501 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 8, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 20 min.
			6 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

FATHER

13. NAME Mcafee, Avery

14. BIRTHPLACE (city or town) North Carolina
(State or country)

MOTHER

15. MAIDEN NAME Lola Davis

16. BIRTHPLACE (city or town) North Carolina
(State or country)

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Cemetery Date Dec 9, 1932

19. UNDERTAKER
(Address)

20. FILED DEC 9 - 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932, to Dec 8, 1932.

I last saw h[illegible] alive on Dec 8, 1932. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. Alexander Lovey M. D.

(Address) University Hospital.

Spec.—2-29-28—L. F. S.—500 Bks.

E 85261

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85261

CERTIFICATE OF DEATH

159

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO. 11-24

CITY OF BALTIMORE: (No. ST. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Baby Girl Paxton

(a) RESIDENCE NO Park & Prospect Aves, Halethorpe, Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. — ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 12/7/32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			—	9

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Edwin Jean Paxton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Wilmington Del.

12 MAIDEN NAME OF MOTHER Anna Oliver

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Dublin W. Va.

14 Informant Hospital Records
(Address) Md. Gen. Hospt.

15 Filed DEC 5 1932 Huntington Pollitt, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/7/32

17

I HEREBY CERTIFY, That I attended deceased from 12/7-32 9:30 A.M. to 12/7-32 6:30 P.M.

that I last saw him alive on 12/7, 1932

and that death occurred, on the date stated above, at 6:20 P m.

The CAUSE OF DEATH* was as follows:

Premoturity
(Placenta previa)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted —
If not at place of death?

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? Clinical findings

(Signed) E. L. Krause, M. D.

19 (Address) Md. General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
University of Md	Dec 8 1932
20 UNDERTAKER	ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

344

M. D. H. 1268-9

E 85262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85262

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1514 Riverside Ave St. (Ward) 24

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 5 mos. 17 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Walker

(a) Residence: No. 1514 Riverside Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Walker

6. DATE OF BIRTH (month, day, year) June 20 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Walker

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Lloyd Walker

(Address) 1514 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 12/10, 193

19. UNDERTAKER J. Fenw McCully

(Address) 130 West Ft. Huntington Wilkens, Md.

EC 9-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1932 to Dec. 7, 1932

I last saw him alive on Dec. 7, 1932 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation and Arteriosclerosis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	11/5/32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) H. L. Campbell M. D.

11/9/32 (Address) 1644 Hanover St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85263

CERTIFICATE OF DEATH

159 E 85263

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY WALL

(a) Residence: No. Johns Hopkins Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/5/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME John Wall, 16 N. Glover St

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Irene Coughlin, 16 N. Glover St

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date Dec 9, 1932

19. UNDERTAKER
(Address) Huntington Williams, N.H.

20. FILED DEC 9 1932 C. P. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932, to Dec 6, 1932

I last saw h[illegible] alive on Dec 6, 1932 Death is said to have occurred on the date stated above, at 1-45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12/4/32

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Joseph H. Polk M. D.

(Address) Johns Hopkins Hospital

INSTRUCTIONS—TYPEWRITER, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85264

CERTIFICATE OF DEATH

159 E 85264

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 8-16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY, WALTER

(a) Residence: No. Johns Hopkins Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/1/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME FRED. WALTER (JR'S) BEARLMAN, PLACE

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

MOTHER

15. MAIDEN NAME DOROTHY HOOK (JR'S) BEARLMAN, PL.

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MARYLAND

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place JH Med College Date Dec 9 1932

19. UNDERTAKER
(Address) Huntington Williams, N.E.

DEC 9 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 . 1932 to Dec 1 . 1932

I last saw h alive on Dec 1 . 1932 Death is said to have occurred on the date stated above, at 5:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12/1/32

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Hazel D. Jack M. D.

(Address) Johns Hopkins Hospital.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85265

CERTIFICATE OF DEATH

E 85265

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. 28-66 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna M. Lynch

(a) Residence: No. 4801 Columbia Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of James J. Lynch

6. DATE OF BIRTH (month, day, year) Mar. 10-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Michael J. Dempsey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Fatse

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James J. Lynch

(Address) 4801 Columbia Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Date 12/10/ 1932

19. UNDERTAKER John J. Doran

(Address) 4801 Columbia Rd.

20. Filed DEC 9 - 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10-26-32 . 19 .. to 12/6/32 . 19 ..

I last saw h er alive on 12/6/32 . 19 .. death is said to have occurred on the date stated above, at 5:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thyrotoxicosis	?
Ch. Hypocarditis + valvular insufficiency	
Co Rheum. (Rh):	
Other contributory causes of importance:	
Terminal Pneumonia	11-29-32

Name of operation Supravaginal Hysterectomy Date of 11/25/32

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Nature of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. V. Donahue, M. D.

(Address) Bon Secours Hosp.

NB.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85266

46 E 85266

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 644 S. Decker Ave St., 1-V Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara F. Kelly

(a) Residence: No. 644 S. Decker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas J. Kelly

6. DATE OF BIRTH (month, day, year) June 14-1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Albert Creamer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Seitz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Thomas J. Kelly

(Address) 644 S. Decker Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 12/10, 1932

19. UNDERTAKER John A. Moran

(Address) 3002 E. Balto St.

20. FILED DEC 9 - 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7- 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1932, to Dec 7, 1932.

I last saw h[illegible] alive on Dec. 7, 1932. Death is said to have occurred on the date stated above, at 12 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Bronchial Pneumonia	Nov 5, 32

Other contributory causes of importance:

Name of operation Exploratory Date of Nov. 17, 32

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wedna Hammond M. D.

(Address) 2579 Eastern Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85267

CERTIFICATE OF DEATH

E 85267

1. PLACE OF DEATH Balto City Hospitals — Registered No. 26-121

CITY OF BALTIMORE: (No. ..... St., ... Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Lee Porter

(a) Residence: No. 623 S. Rappolla St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 22-1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	7	17/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) md

FATHER

13. NAME James D. Porter

14. BIRTHPLACE (city or town) Eastern Shore (State or country) Md

MOTHER

15. MAIDEN NAME Elnora Elbeen

16. BIRTHPLACE (city or town) Eastern Shore (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Stevensville Md Date Dec 11, 1932

19. UNDERTAKER J. E. Hippert
(Address) Eastern Shore
Huntington Maryland, Md

FILED DEC 9 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1932 to 12-8, 1932

I last saw her alive on 12-8, 1932 Death is said to have occurred on the date stated above, at 10:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	
Pneumococcic Peritonitis	11-23-32
Other contributory causes of importance: Lobular Pneumonia	12-4-32

Name of operation Appendectomy Date of 11-16-32

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm. Bruce Schaffer, M. D.
(Address) Balto City Hospitals

EC 9 - 1932

M. D. B. 1268-9

E 85268

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85268

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 97-001 Registered No.

CITY OF BALTIMORE: (No. 1512 N. Gilmor St. Ward 15-24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Brown

(a) Residence: No. 1713 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. md

FATHER

13. NAME Wm Brown

14. BIRTHPLACE (city or town) (State or country) A. A. Co. md

MOTHER

15. MAIDEN NAME Sarah Collins

16. BIRTHPLACE (city or town) (State or country) A. A. Co. md.

17. INFORMANT Eliza Forrester

(Address) 1713 Presbury st.

18. BURIAL, CREMATION, OR REMOVAL

Place Calvert Co. md. Date Dec 10 1932

19. UNDERTAKER Thomas E. Kelson

Address 303 Presstman st

DEC 9 1932

20. FILED Huntington Williams Registrar

P. P. Pl.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7/32 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1932 to 12-7- 1932

I last saw h[illegible] alive on 12/7 1932 Death is said to have occurred on the date stated above, at 8:10 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	Aug 1931
Myocarditis	

Other contributory causes of Importance:

Hemiplegia
Mitral Insufficiency

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. K. Boykin M. D.

(Address) 1512 Gilmor

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85269

34 E 85269

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 5-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Hall

(a) Residence: No. 1604 N Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alonzo Hall

6. DATE OF BIRTH (month, day, year) June 14 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	35	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME Jones

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Mamie Dennis

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Alonzo Hall

(Address) 1604 N Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Md Date Dec. 12, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave Huntington West Virginia

FILED DEC 9 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Nephritis	
Other contributory causes of importance:	
Emphysema of Lung	
Chronic Endocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. F. Nevitt M. D.

Coroner

(Address) 305 N Patterson Park Ave

M. D. B. 1268-9

E 85270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 119

E 85270

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James R. Westbrook

(a) Residence: No. 512 D. St., Sparrows Point St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 10/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sp. Pt., Md.

FATHER

13. NAME Lloyd F. Westbrook

14. BIRTHPLACE (city or town) (State or country) Sp. Pt., Md.

MOTHER

15. MAIDEN NAME Mildred Bebler

16. BIRTHPLACE (city or town) (State or country) Mt. Washington, Md.

17. INFORMANT Lloyd F. Westbrook, Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Park Wood Date Dec 10, 1932

19. UNDERTAKER John F Denny
(Address) 715 Light St

DEC 9 1932 Huntingtn Pathway, N.Y.

FILED ... W. C. B. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8/32

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Convulsions	
(probably of Gastro-intestinal origin)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. S. McCallum M. D.
Coroner

(Address) 608 E. Biddle ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1288-9

E 85271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85271

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Wyanoke Ave W. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha Jane Strasinger

(a) Residence: No. 628 Wyanoke Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ or (or) WIFE of Gottlieb Strasinger

6. DATE OF BIRTH (month, day, year) Jan 28th 1842

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert Lee Batchley

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Harriett B. Hartt

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs John Ellis

(Address) 628 Wyanoke Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns (Waverly) Date Dec 10th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ~~Funeral Director~~ Wife Registrar

DEC 9 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4th 1932 to Dec 7th 1932

I last saw her alive on Dec 6th 1932 Death is said to have occurred on the date stated above, at 10.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	11/32

Other contributory causes of importance:

Arteriosclerosis	

Name of operation None Date of No

What test was made to confirm diagnosis Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas George M.D. M. D.

(Address) 401 E. 25th St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85272

CERTIFICATE OF DEATH

E 85272

107-001

Registered No. 27-53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 402 Hawthorne Rd (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor Saville McCormick

(a) Residence: No. 402 Hawthorne Rd St. Ward. Roland Park

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Michael F. McCormick

6. DATE OF BIRTH (month, day, year) Aug 9th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas Saville

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Virginia G. 2.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Michael F. McCormick

(Address) 402 Hawthorne Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 12/10/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 9 - 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1932 to Dec. 8, 1932

I last saw h.r alive on Dec. 8, 1932. Death is said to have occurred on the date stated above, at 2-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12/2/32
Broncho-Pneumonia	12/5/32
Other contributory causes of importance:	
Fibroid, Cardiac and Renal Arteriosclerosis	1926
	1930
	1932

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Gibson Porter, M. D.

(Address) 4822 Roland Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85273 E 85273

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Morgan

(a) Residence: No. 2051 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Helen Morgan

6. DATE OF BIRTH (month, day, year) Feb 4th 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe Caulker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) Nov 1932

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas. W. Morgan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Harriet A. Hatton

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Helen D. Morgan

(Address) 2051 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Dec 12th 1932

19. UNDERTAKER Wm Cook

(Address) 1317 St Paul St

~~Huntington Phillipsburg N.J.~~

DEC 9 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to Dec 8, 1932

I last saw him alive on Dec 8, 1932 Death is said to have occurred on the date stated above, at 820p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Cardio-Vascular Renal Disease c Hypertension

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Kerwood M. D.

(Address) St Joseph's Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS SPACE RESERVED FOR BINDING

AaCo. 5-31 250B

E 85274

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85274

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3716 Bickler Ave St., 27 Ward) 27-56 48

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Estelle Adair

(a) Residence: No. 3716 Bickler Ave St., — Ward. —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter H. Adair

6. DATE OF BIRTH (month, day, year) Aug 27, 1890

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42 yrs	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Herbert Thurm

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Margaret Baumgartner

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Walter H. Adair
(Address) 3716 Bickler

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/12/1932

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St.

DEC 9 1932

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9. 1932

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1932 to December 9, 1932

I last saw h[illegible] alive on December 8 1932 death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	
Other contributory causes of importance:	
Uremia	

Name of operation July 1931 Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Thomas E. Fahr M. D.

(Address) 1124 Eutaw St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85275

CERTIFICATE OF DEATH

95 E 85275

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6303 Dietz Ave St., 24-42 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hiram G. Oles

(a) Residence: No. 6303 Dietz Ave St., Ward. Bel Mar

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Carrie A. Oles

6. DATE OF BIRTH (month, day, year) Nov 17th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Envelope Mfr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Mar 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Otis Mass

FATHER

13. NAME George W. Oles

14. BIRTHPLACE (city or town) (State or country) Otis Mass

MOTHER

15. MAIDEN NAME Mirah Heath

16. BIRTHPLACE (city or town) (State or country) Tyringham Mass

17. INFORMANT Mrs Carrie A. Oles

(Address) 6303 Dietz Ave

18. BURIAL, CREMATION, OR REMOVAL

Pl[illegible] Green Mount Date Dec 10th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

FILED DEC 9 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/1932

22. I HEREBY CERTIFY, That I attended deceased from 1928 19 to Dec 8 1932

I last saw h[illegible] alive on Dec 8 1932. Death is said to have occurred on the date stated above, at 1.50P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthenia	
Cardio Vascular Renal	

Other contributory causes of importance:

Prostatic Enlargement

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) Gaston A Dietz M. D.

(Address) Overlea

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85276

CERTIFICATE OF DEATH

× 163 E 85276

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1 [illegible] St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Brown

(a) Residence: No. [illegible] St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 3 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Brown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. McCarthy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT U. S. Sanitarium
(Address) U. S. Sanitarium Baltimore

18. BURIAL, CREMATION, OR REMOVAL Virginia
Place Philadelphia Pa Date Dec 10, 1932

19. UNDERTAKER John F. Garvey
(Address) 1715 Eutaw St

DEC 10 1932, 19.... [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Poisoned by Barbital	
Suicide	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85277

CERTIFICATE OF DEATH

179

E 85277

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Agnes Hospital St. 16-69 Ward

2-FULL NAME John A. Rebbert

(a) RESIDENCE NO. 2701 Harlem Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 18th 1896

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	35	11	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)
1c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER George J. Rebbert

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Martha Noetzel

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14 Informant Mrs. Theodore Rebbert
(Address) 2701 Harlem Ave.

15 Filed ..... 19.. Registrar

DEC 10 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Iodine Poisoning while insane

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Broncho-pneumonia

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? Mount St. Joseph's College

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy + physical findings

(Signed) Guy A. Thomazell M. D.

12/8 1932 (Address) 323 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cemetery	Dec. 15 1932
20 UNDERTAKER	ADDRESS
Henry Hoeck & Sons, Inc.	1301 E. Eager

M. D. H. 1268-0

Alonzo Gordon

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85278

CERTIFICATE OF DEATH

46 E 85278

1. PLACE OF DEATH Bello City Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 11-2 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alonzo Gordon

(a) Residence: No. 1037 N. Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mamie Gordon

6. DATE OF BIRTH (month, day, year) Dec 20 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

FATHER

13. NAME Isaac Gordon

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 10 1932

19. UNDERTAKER T. J. Brooks
(Address) 1463 W. Baltimore St

Huntington Williams, M.D.
Registrar.

DEC 10 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-3 1932 to 12-7 1932

I last saw him alive on 12-7 1932. Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bile Ducts & regional Metastases Secondary Anemia	6-1-32
Other contributory causes of importance:	
Bronchopneumonia	12-4-32

Name of operation Laparotomy Date of 11-30-32

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Power Lehmann M. D.

(Address) Bello City Hospital

X

E. B. WHITE PRINTER, WITH EXPANDING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN's should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2008

E 85279 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85279

CERTIFICATE OF DEATH

X 137

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mns. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur M. Wheeler, Jr.

(a) Residence: No. Falls Church, Va. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Johnson Wheeler

6. DATE OF BIRTH (month, day, year) Nov. 9, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chf. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Government

10. Date deceased last worked at this occupation (month and year) 10-5-32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Arthur M. Wheeler, Sr.

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Rose Canfield

16. BIRTHPLACE (city or town) (State or country) D.C. (?)

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Falls Church, Va. Date Dec 13/32 19

19. UNDERTAKER Stuart T. Mowen Company
(Address) 108 N. Washington St.

Huntington Williams, M.D.

DEC 10 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10/32

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1932, to December 10, 1932

I last saw him alive on December 10, 1932, 6:45A death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate, benign	
Cystitis & Pyelo-Nephritis	3 mos.
Other contributory causes of importance:	
Uremia	10 days

Name of operation ..... Date of .....

What test confirmed diagnosis? C&L Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.

(Address) U.S. Marine Hospital

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

85280

E 85280

HEALTH DEPARTMENT—CITY OF BALTIMORE

85280

56 E 85280

CERTIFICATE OF DEATH

1-PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital ST. 18-16 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Alexander Nesky

(a) RESIDENCE NO 737 W. Fayette St ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Mal	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Nesky

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	08			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Tailor Jr
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bickwicks

9 BIRTHPLACE (city or town) (State or country) ~~Italy~~ Russia

PARENTS

10 NAME OF FATHER Joseph Nesky

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Peter B. Boris

(Address) Martin Hill Rd. Huntington Millwells, L.I.

15 DEC 10 1932 D.C. P. P. N. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rheumatic Endocarditis

unknown (duration) a yrs. mos ds.

CONTRIBUTORY (Secondary) Dilatation of R. Ventricle (duration) Sudden yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton Coroner, M. D.

Dec 10 1932 (Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery — DATE OF BURIAL Dec 12, 1932

20 UNDERTAKER George A. Farley — ADDRESS Fayette St Baltimore

DEC 10 1932

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

(Hoolihan) 1932 61

HEALTH DEPARTMENT—CITY OF BALTIMORE

85281 E 85281

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp St. 15-23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev Edward Hoolihan S.S.J.

(a) Residence: No. St Peter Claver Rectory St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Priest

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woonsocket Rhode Island

FATHER

13. NAME " Hoolihan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johnson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rev F. Ryan S.S.J.
(Address) St Peter Claver Rectory

18. BURIAL, CREMATION, OR REMOVAL Place Westerly Rhode Date Dec 12th 1932

19. UNDERTAKER Florence E. Wright
(Address) 700 N Carrollton Ave

Filed DEC 10 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1932 to Dec 9 1932

I last saw him alive on Dec 9 1932 Death is said to have occurred on the date stated above, at 5.45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-pneumonia - influenzal	1wk

Other contributory causes of importance:

Acute Myocarditis and Pulmonary decompensation

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Kennard M. D.

(Address) St Joseph Hosp

GEN. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WHEN RECEIVED FOR RECORD

AACo. 5-31 250B

E 85232 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85282

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St., 3 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. 6 ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Herman H. Dierker

(a) Residence: No. Rock Hall, 124 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWER

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MINNIE DIERKER

6. DATE OF BIRTH (month, day, year) Feb 9 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARM

10. Date deceased last worked at this occupation (month and year) Nov 1932

11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (city or town) (State or country) GERMANY

FATHER

13. NAME HERMAN DIERKER

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME MINNIE GRUNLEY

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT Records of Hosp.
(Address) Light St., Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL.
Place King Co, Md. Date Dec, 13, 32 19

19. UNDERTAKER Stewart F Mowlds
(Address) 118 E. North Ave.

DEC 10 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec - 4, 19 32 to Dec 10, 19 32

I last saw h[illegible] alive on Dec-10, 19 32 death is said to have occurred on the date stated above, at 7.25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt)	12-1/32
Other contributory causes of importance: Arterio-Sclerosis Myocardial Degeneration	

Name of operation None Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas Luban, M. D.

(Address) South Baltimore Gen. Hosp.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85283 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85283

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1203 Myrtle Av St. 17th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Henry Bowie

(a) Residence: No. 1203 Myrtle Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ruth Bowie

6. DATE OF BIRTH (month, day, year) July 1-1906

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME James A. Bowie

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Bowie

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ruth R. Bowie
(Address) 1203 Myrtle Av

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Hope Cem Date 12/11 1932

19. UNDERTAKER Samuel T. Hawkins
(Address) 528 N Bridge St

DEC 10 1932

(Signed) ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1932 to Dec. 7, 1932

I last saw him alive on Dec 7, 1932 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify.

(Signed) Edward J. Sheatley, M. D.

(Address) 1230 Druid Hill Av

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85284

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto city Hospital — Registered No. 73

CITY OF BALTIMORE: (No. ..... St. W-37 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cadenia Leach

(a) Residence: No. 4065 Oldham St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aaron Leach

6. DATE OF BIRTH (month, day, year) Dec 9-1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	38	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME George Baier

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Ann. Bowers

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Record — (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 12/12/32

19. UNDERTAKER Phil J. Herwig (Address) 2016 Orleans St

DEC 10 1932 , 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-22 , 1932 to 12-9 , 1932

I last saw her alive on 12-9 , 1932 Death is said to have occurred on the date stated above, at 5-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Liver	1922
Chronic splenitis with splenomegalia	
Malig Anemia	now
Other contributory causes of importance:	
Past operative Shock	12-7-32

Name of operation Splenectomy Date of 12/7/32

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Bruce Straley M. D.

(Address) Balto city Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 85285 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85285

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen. Hosp St. 24-32 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn Dungan

(a) Residence: No. 729 Harvey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daughter

6. DATE OF BIRTH (month, day, year) Dec. 14 1928

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	3	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert Dungan

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Von Culen

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Anna Dungan

(Address) 729 Harvey St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date Dec 10 19 32

19. UNDERTAKER Charles P Stevens & Son

(Address) 1701 E Fort Ave

20. FILED DEC 10 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 — , 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec - 3rd , 1932 to Dec - 7 , 1932

I last saw her alive on Dec - 7 1932 death is said to have occurred on the date stated above, at 1.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rhomatic Fever	
Rhomatic Endocarditis	
And Pericarditis	
Pericardial Effusion	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl Lukens, M. D.

(Address) South Baltimore Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

85286

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85286

CERTIFICATE OF DEATH

93-003

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE (No.) Mercy Hospital ST. 20-72 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME George J. Brendel

(a) RESIDENCE No. 2747 Wilkens Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Nov. 20th 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Retired

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Adam Brendel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Magaret Litz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mary A. Metzger

(Address) 135 N Castle St

15 Filed DEC 10 1932 12 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis with acute dilatation

..... (duration) yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Shell shock during world war (duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton, M. D. Coroner

12/9/1932 (Address) 700 E Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loch Raven Cem

DATE OF BURIAL Dec 12 1932

20 UNDERTAKER Martin W. E. Dippel Inc

ADDRESS 37 S Amity

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85287

CERTIFICATE OF DEATH

97 E 85287

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Brighton St. 16-67 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Esther Adele Morris

(a) Residence: No. 3100 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms; so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 27, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Milton B. Morris

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Agnes H. Fagen

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mrs. Milton B. Morris
(Address) 3100 Brighton St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Dec. 10, 19 32

19. UNDERTAKER John F. Hergey
(Address) 715 Light St.
Filed Dec 10 1932 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 19 32

22. I HEREBY CERTIFY, That I attended deceased from August 16th 1932 to Dec 7th 1932

I last saw h[illegible] alive on Dec 6th 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anuition incident to mal development of brain.	Aug 16 1932
Mitral regurgitation of heart.	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D Tony Leonbel M. D.

12/10/32 (Address) 1084 26 Hanover St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85288 E 85288

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 9-46 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Snyder

(a) Residence: No. 1770 Montpelier St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Jennie

6. DATE OF BIRTH (month, day, year) 5-12-64

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Locomotive Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — R.R. 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md

FATHER

13. NAME — George Snyder

14. BIRTHPLACE (city or town) (State or country) — Md

MOTHER

15. MAIDEN NAME — Carothea Shansberry

16. BIRTHPLACE (city or town) (State or country) — Md

17. INFORMANT — Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druids Run Cemetery Date Dec. 12 1932

19. UNDERTAKER — Josiah Sykes
(Address) 1600 W. North Ave

20. FILED Huntington Williams Registrar
DEC 10 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1932 to Dec 9, 1932

I last saw him alive on Dec 9, 1932. Death is said to have occurred on the date stated above at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	
Hypocarditis	
Cystitis chronic (primary bladder)	

Other contributory causes of importance:

Pyelonephritis acute	12/2/32
Bacteraemia	12/3/32

Name of operation Prostatic Resection Date of 11/3/32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd E. Lewis M. D.

(Address) 1900 N.

A4Co. 5-11 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

85289 E

CERTIFICATE OF DEATH

54-805 E 85289

1. PLACE OF DEATH Jenkins Memorial Hospital 13-90

CITY OF BALTIMORE: (No. 1000 Caton Ave St.) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Rose Beauchamp

(a) Residence: No. 1152 West North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 17 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45 yrs	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Julius L Beauchamp

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Katherine Mary Hamburg

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Jenkins Memorial Hospital
(Address) 1000 Caton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loss Cathedral Date 12/13 1932

19. UNDERTAKER Josiah Syper
(Address) 1600 W North Ave

20. Filed DEC 10 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to December 12, 1932.

I last saw her alive on December 9, 1932 death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes 1 Terminal hypostatic pneumonia	

Other contributory causes of importance:

Spinal cord tumor 2 operations
with resulting paralysis lower half body

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. Lloyd Vaughan, M. D.

(Address) St Agnes Hos

M. D. H. 1268-0

E.85290 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E.85290

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 18-26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas W. Washington

(a) Residence: No. 256 N. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Washington

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

FATHER

13. NAME Thomas Washington
14. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

MOTHER

15. MAIDEN NAME Emma Baldwin
16. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

17. INFORMANT Helen Washington
(Address) 256 N. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec. 10, 1932

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 22 [illegible] Schroeder St

20. Filed DEC 10 1932 Huntington Williams, N.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6/32 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia-Lt lower	
Pleurisy " "	
(Probably Terminal)	

Other contributory causes of importance:

Ruptured Spleen & internal Injuries	Dec 1/32

Name of operation Splenectomy Date of Dec 2/

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury Dec 1/32

Where did Injury occur? 101 E. Pine St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place industry

Manner of Injury Slipped while painting

Nature of Injury roof & fell to sidewalk

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Bauer, M. D.
Coroner

(Address) 101 E Pine St

INSTRUCTIONS—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85291

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85291

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 16-23 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Sims

(a) Residence: No. 711 Cary St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Clarence Sims

6. DATE OF BIRTH (month, day, year): Nov ? - 1907

7. AGE: Years 25 | Months / | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Horace Mint

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Elizabeth ?

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Dec. 13, 1932

19. UNDERTAKER: Mrs. Katie R. Williams

(Address) 322 Hathaway Pl. Huntington Philipsburg, N.J.

Filed ..... 19 ..... Registrar.

DEC 10 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-15 1932 to 12-8 1932

I last saw her alive on 12-8 1932 Death is said to have occurred on the date stated above, at 8 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix 2 regional metastases Secondary Anemia	7-1-32

Other contributory causes of importance:

Bronchopneumonia	12-4-32

Name of operation None Date of —

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? (If so, specify) .....

(Signed) Wm Rowe Slaughter M. D.

(Address) Balto City Hospitals

M. D. H. 1268-9

E 85292 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85292

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital Registered No. 131

CITY OF BALTIMORE: (No. 1515 Druid Park St., 21-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Catherine Fisher

(a) Residence: No. 1442 Ward St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Fisher

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Hazel Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Henrietta ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hazel Thomas

(Address) 1307 Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Dec. 12, 1932

19. UNDERTAKER Mrs Katie R Williams

(Address) 332 E Lafayette St. Huntington West Virginia

20. FILED DEC 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1932 to 12-8, 1932

I last saw her alive on 12-8, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-2-32
Hypertensive Cardio-Vascular Renal Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Harris, M. D.

(Address) Provident Hospital

E.—WRITE PLAINLY, WITH USFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 10 1932

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85293

CERTIFICATE OF DEATH

121

E 85293

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Franklin Square Hospital (St., Ward)

2-FULL NAME Lesteria Ellnora Chambers

(a) RESIDENCE NO. 1417 Ward St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 3 mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 11, 1920

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	12	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work School-girl
(b) General nature of industry, business, or establishment in which employed (or employer) ooo
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Walter Chambers

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ella Gross

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Ella Gross
(Address) 1409 Ward St.

Filed DEC 10 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Ruptured Gangrenous Appendix

(duration) probably yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Generalized Peritonitis

(duration) about yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? yes Date of 11/6/32

Was there an autopsy? Yes

What test confirmed diagnosis? Physical & Clinical

(Signed) Guy H. Thomsell M. D.

12/6, 1932 (Address) 203 Patapsco Ave, Balto, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Dec 10, 1932

20 UNDERTAKER Mrs Kate R Williams

ADDRESS 3207 Schroeder St.

N B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. R. 1263-9

85294 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85294

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Jackson St. 24th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Tucker Jr.

(a) Residence: No. 1805 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 9/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Walter T. Tucker

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Gorter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Walter T. Tucker
(Address) 1805 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel. Date Dec. 10 1932

19. UNDERTAKER Geo. E. Miller & Son
(Address) 2 S. Gilmor St.

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1932 to Dec. 10 1932

I last saw him alive on Dec. 9 1932 Death is said to have occurred on the date stated above, at 8:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (6½ months)	
Other contributory causes of importance: Exhaustion	12/9/32

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. L. Campbell M. D.

12/10/32 (Address) 1644 Hanover St

DEC 10 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85295

CERTIFICATE OF DEATH

E 85295

1. PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. Homane Hospital St. 15-21 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Miss Annie Smith

(a) Residence: No. 1800 W. North ave St., ____ Ward. Baltimore Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) About 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	63	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME J. H. Smith

14. BIRTHPLACE (city or town) (State or country) New York City

MOTHER

15. MAIDEN NAME Elizabeth Barton

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT J. J. Smith (Brother)
(Address) 2015 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Dec. 12/32 19

19. UNDERTAKER Stewart & Mowen Co.
(Address) 108 W. North Ave.

20. FILED DEC 10 1932 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 9 , 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd, 1932, to Dec. 9, 1932

I last saw her alive on Dec. 9th 19 32 death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	11 29 32

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) W. Allen Deckert M. D.

(Address) Woman's Hospital

E—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85296

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85296

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 W. Fayette St. 20-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John Prager

(a) Residence: No. 1924 W. Fayette, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Staub

6. DATE OF BIRTH (month, day, year) Aug 24, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) Nov 1932

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm H. Prager

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Rudolph

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Prager
(Address) 1924 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12/12/32

19. UNDERTAKER John F. Emmy Son Inc
(Address) 221 S. Eutaw St

FILED DEC 11 1932 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1932, to Dec 9, 1932

I last saw him alive on Dec 8, 1932 death is said to have occurred on the date stated above, at 3:15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardia dilatation	1 day
Edema of the lungs.	1 day
Senility	
Chronic myocarditis	years
Cerebral haemorrhage - right	2 days.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Andrew E. Calais, M. D.

(Address) 206 N. Fulton Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—1-10 71—MART—1500 Bks.

E 85297

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85297

CERTIFICATE OF DEATH.

1/31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3500 Hamilton Ave ST. 2nd WARD)

2-FULL NAME Elizabeth Fields

(a) RESIDENCE NO. 3500 Hamilton Ave ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: James Fields

6 DATE OF BIRTH (month, day, and year): Dec 7, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61		5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): St Marys County Md

PARENTS

10 NAME OF FATHER: Henry Truman

11 BIRTHPLACE OF FATHER (city or town) (State or country): St. Marys Co. Md

12 MAIDEN NAME OF MOTHER: Louisa Coulbourn

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St. Marys Co Md

14 Informant: James Fields (Address) 3500 Hamilton Ave

15 Filed DEC 11 1932 17 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 7 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Dec 7, 1932, that I last saw h[illegible] alive on Dec 7, 1932, and that death occurred, on the date stated above, at 12:10 P. m.

The CAUSE OF DEATH was as follows:

Chronic Nephritis

Chronic Myocarditis

Dony Duration

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary): Urimia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Lee D. Hooker, M. D.

(Address) 1700 Pennington Ave

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvery Cemetery — DATE OF BURIAL: Dec 11 1932

20 UNDERTAKER: Lottie Gross — ADDRESS: 1408 Cashlone

over

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 85298

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85298

CERTIFICATE OF DEATH

V 107-002

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 16-22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Saunders Jones

(a) Residence: No. 811 Whatcoat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 3/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Walter Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Maggie Layton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Maggie Layton Jones
(Address) 811 Whatcoat St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Dec 12, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Eastman St.

20. FILED DEC 11 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8.40 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Capillary Bronchitis	Nov 8/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jos H Kaiser M. D.
Coroner

(Address) 1708 E Mad Ave

M. D. H. 1268-9

85299

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85299

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hospital St., Ward) 13-21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? 66 yrs. mos. ds.

2. FULL NAME Bernard Blumberg

(a) Residence: No. 1923 N Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~(or WIFE)~~ of Sarah Blumberg

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warsaw, Poland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Warsaw, Poland

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Warsaw, Poland

17. INFORMANT Abe Blumberg - Son

(Address) 3826 Pk Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Rd. Date 12-11, 1932

19. UNDERTAKER Talk Lewis Inc

(Address) 1439 E Balto St

20. FILED DEC 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 3 months

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Falk Coroner, M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Mintz

E 85300 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85300

V 95-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 Eutaw Place St., 13-54 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 76 yrs. ... mos. ... ds.

2. FULL NAME Rebecca Mintz

(a) Residence: No. 2421 Eutaw Pl. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham L. Mintz

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) R.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) R.

17. INFORMANT Leonora Mintz

(Address) 2421 Eutaw Pl.

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Fairmount Ave 12-12-32 19

19. UNDERTAKER Jack Levine

(Address) 1539-41 E. Baltimore St.

20. FILED ... Registrar.

DEC 11 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10th, 19...

22. I HEREBY CERTIFY, That I attended deceased from January ... 1930 to December 10 ... 1932

I last saw h... alive on December 9 ? 19 32 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Atherosclerosis	
Cardiac Enlargement	
Cardiac failure	
Auricular fibrillation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Milton Abrams M.D.

(Address) 920 N. Paca St.

K

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

K

E 85301 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85301

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1632 (Street) Clarkson (Ward) 23-32

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hanna Rehm

(a) Residence: No. 1632 Clarkson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 14-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Jacob Rehm

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Matilda Schmelenback

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Matilda Rehm
(Address) 1632 Clarkson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Dec 12. 1932

19. UNDERTAKER Patrick J. Flynn
(Address) 1429 Light St.

20. FILED DEC 11 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1932 to Dec. 9, 1932

I last saw her alive on Dec. 9, 1932. Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/30/32
Other contributory causes of importance: Exhaustion	11/7/32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Campbell M. D.

12/9/32 (Address) 1624 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 11 1932

Spec. 1-10-31—M&T—1500 Blks.

E 85302

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85302

CERTIFICATE OF DEATH.

154

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3728 Hamilton Av ST. 26-6th WARD

2-FULL NAME Baby Gingling

(a) RESIDENCE NO. 3728 Hamilton Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Dec 8-32

7 AGE — Years — Months 1 Days

If LESS than 1 day old Hrs or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Frank S Gingling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Princeton W Va

12 MAIDEN NAME OF MOTHER Katharine Gingling

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country)

14 Informant Frank S Gingling
(Address) 3728 Hamilton Ave

15 Filed DEC 11 1932 Huntington Phillips, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932, to Dec 10, 1932,

that I last saw him alive on Dec 9, 1932,

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Premature birth (6 mos)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W Burman Stood, M. D.

12/10, 1932 (Address) 2216 Guilford Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem DATE OF BURIAL Dec 12, 1932

20 UNDERTAKER Harry W. Ehlen ADDRESS 1944 W. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

M. D. H. 1268-0

E 85303

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85303

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 Harford Ave St., 9-45 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia M. Baldwin

(a) Residence: No. 3104 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aquilla A. Baldwin

6. DATE OF BIRTH (month, day, year) Sept. 10-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Wm E. Beule

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elenora —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Aquilla A. Baldwin
(Address) 3104 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 12/12/32

19. UNDERTAKER Philip Herwig
(Address) 2016 Orleans St

20. FILED DEC 11 1932 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8/32

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932, to Dec 8, 1932
I last saw h alive on Dec 8, 1932. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset

Other contributory causes of importance:

Enemia asthma

Name of operation Lab Date of 30

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ray McCarn M. D.
(Address) 400 N Pay Son St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 Orkney Road Govans. St. 27-44 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Maher

(a) Residence: No. 500 Orkney Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Way Maher

6. DATE OF BIRTH (month, day, year) August 18th. 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Maher

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Burke

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rose Way Maher
(Address) 500 Orkney Road Govans.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Maryslem Cemetery Date Dec 13 1932

19. UNDERTAKER Chas. E. Raine & Son
(Address) 115 W. Lafayette Ave

20. FILED DEC 11 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1932 to Dec 10 1932

I last saw him alive on Dec 9 1932 Death is said to have occurred on the date stated above, at 305a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma	12/5/32
Chr Nephritis	12/6/32
Acute Endo-Myocarditis	Nov/32

Other contributory causes of importance:

Chr Passive Congestion Liver with ascites	June 31

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) William R. Fraught M. D.

(Address) 2225 St Paul St.

M. D. B. 1268-9

E 85305

E 85305 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85305

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home and Infirmary 22-31 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard W. Blankenship

(a) Residence: No. 123 West Ostend St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ethel Blankenship

6. DATE OF BIRTH (month, day, year) July 7 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John M. Blankenship

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

MOTHER

15. MAIDEN NAME Katherine Berwick

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

17. INFORMANT Mrs. John M. Blankenship

(Address) 123 W. Ostend St

18. BURIAL, CREMATION, OR REMOVAL Via auto to Forest Park

Place Easton Md. Date Dec 12 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

FILED DEC 11 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 2, 1932 to December 9, 1932

I last saw him alive on December 2, 1932. Death is said to have occurred on the date stated above, at 3.02 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, right	11/30/32
Pneumonia, left	11/30/32
Bronchopneumonia, Terminal	12/1/32
Other contributory causes of importance:	
Cyanosis, chronic	1931

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard C. Cumming M. D.

(Address) The Church Home and Infirmary

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. [illegible] 85306

HEALTH DEPARTMENT—CITY OF BALTIMORE

85306

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 Richwood Ave St. 27-48 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Virginia Lingenfelder

(a) Residence: No. 703 Richwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Lingenfelder

6. DATE OF BIRTH (month, day, year) Sept 8/1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William B. Parkes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan A. McKnight

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Henry Lingenfelder
(Address) 703 Richwood Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place Baltimore Cem Date Dec 12, 1932

19. UNDERTAKER John G. Deems
(Address) 715 Light St.

FILED DEC 11 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracapsular Fracture of right femur	Dec 1/32
Other contributory causes of importance: Hypostatic Pneumonia	Dec 1/32

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec 1, 32

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fell on stairs between 1st & 2nd floors.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos H Pagen, M. D.
Coroner

(Address) 508 E Mtn

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85307 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85307

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hosp. St., 25-75 Ward) 5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Hartman Krahling

(a) Residence: No. 3802 S. Fourth Street St., Brooklyn, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs H. Krahling.

6. DATE OF BIRTH (month, day, year) July 19, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Krahling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth George

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs H. Krahling

(Address) 3802 S. Fourth Street

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Dec 13, 1932

19. UNDERTAKER John F. Denny

(Address) 710 Light St.

20. FILED DEC 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1932 to 12-10, 1932

I last saw h.m alive on Dec. 10, 1932 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis } Cardiac hypertrophy + myocarditis }	(?)
Other contributory causes of importance: Pulmonary embolus (Massive)	11-26-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Eichert M. D.

(Address) Union Memorial Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Stephen Grujin ✓ 85308

E 85308

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85308

CERTIFICATE OF DEATH

117-001

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md General Hospital ST., 19-28 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Stephen Grujin

(a) RESIDENCE NO. 302 S. Wordyear ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. — mos. 1 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Grujin

6 DATE OF BIRTH (month, day, and year) Sept. 13-81

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
51	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Serbia

PARENTS

10 NAME OF FATHER Vasa Grujin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Serbia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Serbia

14 Informant Maryland Gen Hosp

(Address)

15 Filed DEC 11 1932 Huntington E. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-8-32

17 I HEREBY CERTIFY, That I attended deceased from 12-7-32 to 12-8-32 19..., that I last saw h alive on 12-8-32, 19..., and that death occurred, on the date stated above, at 11:50 p. m.

The CAUSE OF DEATH* was as follows: Suffering Gastritis Ulcer

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Embolism

(duration) yrs. mos. 2 hrs.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of 12-8-32

Was there an autopsy? yes

What test confirmed diagnosis? Surgery

(Signed) L. L. Chance, M. D.

19 Address Md. General Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	12/14 1932
20 UNDERTAKER	ADDRESS
Frederick C. Colegrove & Son	1700 W. Lombard

IF NOT WRITTEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30—M. & T.—100 B—50L

E 85309

E 85309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1-PLACE OF DEATH S.S. Senator

CITY OF BALTIMORE: (No.) Pratt Pier 5 ST. 16-37 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Uriah Jones

(a) RESIDENCE NO 1120 S. Bonsal ST., ... WARD .....

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Jones

6 DATE OF BIRTH (month, day, and year) Nov. 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70		15?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Marine Engineer
(b) General nature of Industry, business, or establishment in which employed (or employer) Ry
(c) Name of employer Green Line 530

9 BIRTHPLACE (city or town) (State or country) Balto City Maryland

PARENTS

10 NAME OF FATHER Geo. W Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Townsend

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Robert J Jones

(Address) 1120 S Bonsal St

15 Filed DEC 11 1932 Huntington Willis Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or Inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or Inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Strangulated Hernia

(duration) ..... yrs. mos 1½ ds.

CONTRIBUTORY (Secondary) Sepsis from Strangulation

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M Benton, M. D. Coroner

1932 (Address) 7001 Chase St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL 12/12/ 1932

20 UNDERTAKER J. E. Moran ADDRESS 3000 E Baltimore

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

E 85310

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85310

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp. St., 6-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James S. Beatty

(a) Residence: No. 119 N. Lakewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Anna Beatty

6. DATE OF BIRTH (month, day, year) Apl 13-1878

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	54	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn Railroad Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William J Beatty Sr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME J. Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Anna Beatty

(Address) 119 N. Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date 12/12/ 1932

19. UNDERTAKER J. J. Moran

(Address) 3006 E Baltimore St.

DEC 11 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1932 to Dec 8 1932

I last saw h~~e~~ alive on Dec 8 1932 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxic (Exhaustion) Goitre	

Other contributory causes of importance:

Toxic Myocarditis
Auricular Fibrillation

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert Kornreich M. D.

(Address) St Joseph's Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 85311

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85311

CERTIFICATE OF DEATH

157-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St. 12-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Meredith

(a) Residence: No. 416 East Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) April 3, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
---	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Ernest F. Meredith

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary A. Fahey

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Mary A. Meredith

(Address) 416 E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 12/12 19 32

19. UNDERTAKER Harry W. Mears & Son

(Address) 805 N. Calvert Street

20. FILED DEC 11 1932 Harriet Lane Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9- 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-7- 1932 to 12-9- 1932

I last saw her alive on 12-9- 1932 Death is said to have occurred on the date stated above, at 3:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cleft Palate - Secondary anemia	7/9/32
Toxemia (Accidental Chloroform Anesthetic)	3 hours

Other contributory causes of importance:

Name of operation Repair of Cleft Palate Date of 12/9/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. F. Young M. D.

(Address) St. Joseph's Hosp.

M. D. R. 1268-9

E 85312

HEALTH DEPARTMENT—CITY OF BALTIMORE E 85312

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1606 Shakespeare St. 3 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth 43 yrs. mos. ds.

2. FULL NAME Barbara Bolek

(a) Residence: No. 2196 Cambridge St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Bolek

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT John Bolek

(Address) 1106 Shakespeare

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 12, 1932

19. UNDERTAKER Frank Brock Son

(Address) 1000 Old Orchard

20. [illegible] Huntington Williams Nurse

DEC 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1932 to Dec 9 1932

I last saw her alive on Dec 9, 1932. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 3, 32
Other contributory causes of importance:	
Acute Cardiac Dilatation	Dec 9, 32

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William J Roarer M. D.

(Address) 801 Kenwood

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85313

E 85313 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. 23

CITY OF BALTIMORE: (No. ..... St., 4-35 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gladys Blake

(a) Residence: No. 677 Sarah Ann st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 12, 1917

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	15	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House of Good Shepperd

10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Isaac Blake

14. BIRTHPLACE (city or town) Snow Hill
(State or country) Maryland

MOTHER

15. MAIDEN NAME Madeline Jennison

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/12 32 19

19. UNDERTAKER Harper & Carton
(Address) 716 Pennsylvania Ave

20. FILED DEC 12 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1932 to Dec. 9 1932

I last saw her alive on Dec. 9 1932 Death is said to have occurred on the date stated above, at 5.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Glenn M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Bks.

E 85314

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85314

CERTIFICATE OF DEATH.

91-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO.) 3714 Oakmont Av ST. 27-S WARD

2-FULL NAME James L. Barker, Sr.

(a) RESIDENCE NO. 3714 Oakmont Av ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary L. Barker.

6 DATE OF BIRTH (month, day, and year) Aug 15th 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Worker. A

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Mfg Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carlisle Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown,

12 MAIDEN NAME OF MOTHER ? Clay

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown,

14 Informant Mrs. James L. Barker, Sr.

(Address) 3714 Oakmont Ave.

15 DEC 12 1932

To Huntington [illegible]

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 10 1932

17 I HEREBY CERTIFY, That I attended deceased from Oct. 25 1932 to Dec 10 1932

that I last saw him alive on Dec 10 1932

and that death occurred, on the date stated above, at 6:30 P. m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. mos. 43 ds.

CONTRIBUTORY (Secondary) Acute Dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Symptoms,

(Signed) Walter E Barker M. D.

12/14/32 (Address) 1003 Eutaw St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loy Chapel St Marys Co. Md. Hollywood

DATE OF BURIAL Dec 13th 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 St Paul St

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

M. D. H. 1268-9

Coroner Pokorney

G

E 85315

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85315

CERTIFICATE OF DEATH

Registered No. 206

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Burkhead

(a) Residence: No. Delmonte a. a. Co. St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Helen Burkhead

6. DATE OF BIRTH (month, day, year) July 20th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Car Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. O R.R.

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Nathaniel Burkhead

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Burkhead

(Address) Delmonte Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 13th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

DEC 12 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 , to , 19

I last saw h alive on Injury 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed chest	
Punctured lungs	12/9/32
Other contributory causes of importance:	
Automobile Accident	12/9/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/9, 1932

Where did injury occur? Delmonte, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident.

Manner of injury W.B.+A. car left track, wreckage

Nature of injury As it crossed tracks at Delmonte

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorney M. D. Coroner

(Address) 2200 E. Monument St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 85316

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85316

CERTIFICATE OF DEATH

78-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 N Charles ST., 9-46 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Irene Baker Treewalla

(a) RESIDENCE No 1634 E 25th ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) Mar. 5 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	9	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) Office
(c) Name of employer Unemployed

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Treewalla

11 BIRTHPLACE OF FATHER (city or town) (State or country) Boston Mass

12 MAIDEN NAME OF MOTHER Mary Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant John Treewalla

(Address) 1634 E 25th St

15 Filed DEC 12 1932 Huntington Whiteman Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and (from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.)) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by illuminating Gas

Accident (duration) 2 hrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1027 N Charles

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James M. Fenton, M. D. Coroner

(Address) 700 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood	Dec 13 1932
20 UNDERTAKER Wm Cook 1217	ADDRESS St Paul St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1908-9

E 85317

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85317

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Roland Ave 43-52 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugene G. Parker

(a) Residence: No. 3811 Roland Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~wife of~~ Annie L. Parker

6. DATE OF BIRTH (month, day, year) Feb 14th 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drugs

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Raleigh N. C.

FATHER

13. NAME Wm C. Parker

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary E. Campbell

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Annie L. Parker

(Address) 3811 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys (Hampden) Date Dec 12th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

DEC 12 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1929 to Dec 9, 1932

I last saw h[illegible] alive on Dec 9, 1932 Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	[illegible]
Other contributory causes of importance: Myocardial Insufficiency	Dec 9th

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J H Wheaton M. D.

(Address) 848 W 36th St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85318 85318

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. Fulton Ave Ward) 46-23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sylvanus Kendrick

(a) Residence: No. 803 N. Fulton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Fannie A. Kendrick

6. DATE OF BIRTH (month, day, year) Feb 7th 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Lunch Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10. Date deceased last worked at this occupation (month and year) Mar 1917

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Chester S. C.

FATHER

13. NAME Thomas A. Kendrick

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Dora McClinch

16. BIRTHPLACE (city or town) (State or country) Chester S. C.

17. INFORMANT Fannie A. Kendrick
(Address) 803 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 13th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ..... 19 ..... Registrar.

DEC 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Dec 10, 1932

I last saw h Was alive on Dec 9, 1932. Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia following chronic interstitial nephritis	10 yrs ago
Other contributory causes of importance:	
Pulmonary Edema	Dec 1

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Bowman Hood, M. D.

(Address) 2216 Fairmount Blvd.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

E 85319

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85319

CERTIFICATE OF DEATH

46

1—PLACE OF DEATH Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 15 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas E. Cockrill

(a) RESIDENCE NO. 3026 Garrison Blvd. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE) of~~ Emma Placaker Cockrill

6 DATE OF BIRTH (month, day, and year) Aug 6th 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	4	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Engineer

(b) General nature of Industry, business, or establishment in which employed (or employer) Stationary

(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER James Cockrill

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Ford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Records

(Address) Maryland General Hosp.

15 Filed DEC 12 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10-32

17 I HEREBY CERTIFY, That I attended deceased from 12-5, 1932, to 12-10, 1932, that I last saw h~~im~~ alive on 12-10, 1932, and that death occurred, on the date stated above, at 8-20 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach-
3 mos. duration

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. C. Bruce M. D.

19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Cemetery	Dec 13th 1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 85320 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79 E 85320

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 22-42 Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles McNeill

(a) Residence: No. 2805 Pinewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 11th 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Harry A. McNeill

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Glenn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mercy Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 13th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED DEC 12 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/32 19

22. I HEREBY CERTIFY, That I attended deceased from June 14 1931 to Dec 9 1932

I last saw him alive on Dec 9 1932 Death is said to have occurred on the date stated above, at 10:55 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic meningitis ?	9 days

Other contributory causes of importance:

Bronchiectasis
Pulmonary Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Burns M. D.
(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85321

CERTIFICATE OF DEATH

E 85321

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 E. 25th St., 12-50 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwina Burnett Kemp

(a) Residence: No. 108 E. 25th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Thomas E. Kemp

6. DATE OF BIRTH (month, day, year) Aug 17th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Burnett

14. BIRTHPLACE (city or town) (State or country) Long Green Balto Co Md

MOTHER

15. MAIDEN NAME Lydia E Baldwin

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Edwina Anderson

(Address) 108 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Dec 12th 19 32

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 2nd 19 32 to Dec 10th 19 32

I last saw h. alive on Dec 10th 19 32 Death is said to have occurred on the date stated above, at 1:00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	12 yrs.

Other contributory causes of importance:

Pulmonary Oedema	7 hrs.

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George W. E. Lipps M. D.

(Address) 28 W 25th St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 12 1932

M. D. R. 1268-9

E 85322

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85322

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Ajax Alley St. 10-14 Ward)

Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Carson

(a) Residence: No. 732 Ajax Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Carson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Carson
(Address) 732 Ajax Alley

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 12/11 1932

19. UNDERTAKER Mrs. Ella Frazier
(Address) 1129 E. Monument St

DEC 12 1932

Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Embolism	
Other contributory causes of importance: Cervical Uterine Carcinoma	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Hoen M. D.
Coroner

(Address) 506 E Fayette

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1269-9

E 85323 31

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85323

CERTIFICATE OF DEATH

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-9 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmira Mason

(a) Residence: No. 1738 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Mason

6. DATE OF BIRTH (month, day, year): 1-16-85

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Davis

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Ida Mason

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/12 1932

19. UNDERTAKER: Mrs. R. G. Elliott
(Address) 1129 N. Carey St.

20. FILED DEC 12 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec - 6, 1932 to Dec 8, 1932

I last saw h[illegible] alive on Dec 8, 1932. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Total Hemi Block	3 Dec 1, 32
Aortic insufficiency, prob. on	? June, 32
syphilitic, bas.	
Myocardial insufficiency	2 mo.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James Bordley M. D.

(Address) John Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Hks.

E 85324 HEALTH DEPARTMENT—CITY OF BALTIMORE **E 85324**

CERTIFICATE OF DEATH

107-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 953 Madison Ave ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Archie Jones

(a) RESIDENCE NO. 953 Madison Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 DATE OF BIRTH (month, day, and year): Oct 2 1883

7 AGE — Years: 49 — Months: 2 — Days: 7 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Princess Anne Md

PARENTS

10 NAME OF FATHER: Martin Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Ellen Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Maggie Jones

(Address): 953 Madison Ave

15 Filed ... 19 ... Registrar

DEC 12 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 9-32

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932, to Dec 9, 1932,

that I last saw him alive on Dec 9, 1932,

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Lobular Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hatcher, M. D.

12/12, 1932 (Address) 1225 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary — DATE OF BURIAL: Dec 12 1932

20 UNDERTAKER: Samuel W. Cross Son — ADDRESS: 638 W. Lexington

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

AaCo. 5-31 250B

E 85325

HEALTH DEPARTMENT—CITY OF BALTIMORE

85325

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1340 Carroll St. 21-39 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Williams Payne

(a) Residence: No. 1340 Carroll St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Josephine Payne

6. DATE OF BIRTH (month, day, year) Nov. — 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Preaching

10. Date deceased last worked at this occupation (month and year) Sept. 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Lisbon County S. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Josephine Payne
(Address) 1340 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lyon Date Dec. 13 1932

19. UNDERTAKER Walter P. Stamp
(Address) 37 N. Gilmor St.

20. FILED DEC 12 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9th, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 23rd, 1932 to Dec. 9th, 1932

I last saw him alive on Dec. 9th 1932 death is said to have occurred on the date stated above, at 6.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Disease	May 1932
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. S. C. Bell, M. D.

(Address) 713 N. Gilmor St.

E. BE WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

B 85326

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85326

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 22-30 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irvin Hughes

(a) Residence: No. 1057 W York St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced, BUSBAND of (or) WIFE of Mary Hughes

6. DATE OF BIRTH (month, day, year) Jan 8 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Macon Ga.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Mary Hughes
(Address) 1057 W York

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 12/14 1932

19. UNDERTAKER Walter B. Jones
(Address) 1847 W. Lanvale St.

20. Filed ... 19... Registrar.

DEC 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1932

I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

last saw h... alive on January 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Taken sick Dec 6 1932

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H Falk Coroner, M. D.

(Address) ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85327 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85327

CERTIFICATE OF DEATH

v 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 South Washington St. 2-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna J. Lamm

(a) Residence: No. 222 S. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Simon Carl Damm

6. DATE OF BIRTH (month, day, year) March 19th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Frederick Rau

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Schloat

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Johanna Damm (Daughter)
(Address) 222 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place First Evangelical Cem. Date Dec. 13. 1932

19. UNDERTAKER Henry Sander & Sons, Inc.
(Address) Baltimore and Broadway

20. FILED DEC 12 1932 Huntington Pollitt, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1932 to Dec. 10 1932

I last saw her alive on Dec. 9 1932 Death is said to have occurred on the date stated above, at 2.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr.
Senility	

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Chas. S. Mee, M. D.

(Address) 408 St. Paul Pl. Am

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85328

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 - N. Pine Street St. 425 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? --- yrs. --- mos. --- ds.

2. FULL NAME Joab Burnette

(a) Residence: No. 123 - N. Pine Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret (Gay)

6. DATE OF BIRTH (month, day, year) 12/28/1886

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
45	11	12	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farmville, N.C.

FATHER

13. NAME Benj. Burnette

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Florence Nichols

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mrs. Margaret Burnette

(Address) 2822-Brighton Street

18. BURIAL, CREMATION, OR REMOVAL

Place Forrest Hill Cemetery Farmville, N.C. Date 12/13/32 19

19. UNDERTAKER George J. Pfeltz Son

(Address) 1725-Harford Ave.

20. FILED DEC 12 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eugene Zeller Coroner, M. D.

(Address) 2239 Eutaw Pl.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85329

HEALTH DEPARTMENT—CITY OF BALTIMORE

85329

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals 6-9 46

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victoria Hazel

(a) Residence: No. 1621 E. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced (or WIFE of) Wilson Watson

6. DATE OF BIRTH (month, day, year) Unknown 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md.

FATHER

13. NAME Robert Hazel

14. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md

MOTHER

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Albury Cemetery Date Dec 13 1932

19. UNDERTAKER Edw. Bryan

(Address) 1631 Orleans St

FILED Huntington Williams, M.D.

DEC 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1932 to 12-10 1932

I last saw her alive on 12-10 1932 Death is said to have occurred on the date stated above, at 9:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pylorus	?
Arteriosclerosis	?
Chronic Myocarditis	?
Other contributory causes of importance: Post-Operative Shock	12-6-32
Myocardial failure	12-9-32

Name of operation Post. Gastroenterostomy Date 12-6-32

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so specify No

(Signed) Wm Brown Sebastian M.D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85330 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85330

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Walker

(a) Residence: No. 1041 N. Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert Walker.

6. DATE OF BIRTH (month, day, year): Dec 15

7. AGE: 57 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: William Thorrels.

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Matilda Unknown

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Robert Walker.

(Address) 1041 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 12/12, 1932

19. UNDERTAKER: Samuel T. Hemsley

(Address) 578 W Biddle St

20. FILED DEC 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on Dec 7, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Two hours	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Negative Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Leslie Corbin Coroner, M. D.

(Address) ...

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2

E 85331

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85331

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave. Ward 14-28)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Dorsey

(a) Residence: No. 1702 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 12 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Born dead		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation. ...

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Elder Clark

14. BIRTHPLACE (city or town) Howard Co.
(State or country) Md.

MOTHER

15. MAIDEN NAME Gladys Dorsey

16. BIRTHPLACE (city or town) Howard Co.
(State or country) Md.

17. INFORMANT Gladys Dorsey
(Address) 1702 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 12/13, 1932

19. UNDERTAKER Samuel A. Hemsley
(Address) 578 W Biddle St

20. FILED DEC 12 1932 Huntington Pollard, Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-8, 1932 to 12-10, 1932

I last saw him alive on 12-10, 1932. Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-6-32
Diarrhea	
Other contributory causes of importance:	
Baby Premature	12-8-32

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. Warren, M. D.

(Address) Provident Hospital

A. B.—WRITE PLAINLY, WITH CAPADINE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 85332

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85332

CERTIFICATE OF DEATH.

91-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 W. La Fayette Ave WARD 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary E. Thomas

(a) RESIDENCE No. 1118 W. La Fayette Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 9. 1882

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House-work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Cambridge Md

PARENTS

10 NAME OF FATHER Henry Thomas

11 BIRTHPLACE OF FATHER (State or country) Cambridge Md

12 MAIDEN NAME OF MOTHER Mildred Anderson

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Cambridge Md

14 Informant Sarah J. Sey

(Address) 1118 W La Fayette Ave

15 Filed DEC 12 1932 Registrar Huntington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9, 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932 to Dec 9, 1932

that I last saw h e alive on Dec 8, 1932

and that death occurred, on the date stated above, at 7.45 a m.

The CAUSE OF DEATH* was as follows:

Acute Endocarditis

(duration) yrs. 1 mos. da.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. mos. 5 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. S. Howard M. D.

(Address) 601 Cathedral

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Town Neck Anne Arundel Co

DATE OF BURIAL 12/12/32

20 UNDERTAKER Thos. Geo. H. Holland

ADDRESS 1631 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificates.

M. D. B. 1268-9

85333

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85333

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Druid Hill St. 13-59 Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine F. Bagnell

(a) Residence: No. 2403 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced — BUSBAND of (or) WIFE of Sumner

6. DATE OF BIRTH (month, day, year) Feb. 7-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Augustus Compton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Grey V. Quisby.
(Address) 2403 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 12/13/1932

19. UNDERTAKER Mrs. Lyn H. Holland
(Address) 1631 Druid Hill Ave

20. FILED DEC 13 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1932 to Dec 9, 1932

I last saw h alive on Dec 9 1932 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ?
If so, specify .....

(Signed) Edward J. Wheatley M. D.
(Address) 1230 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85334

CERTIFICATE OF DEATH

E 85334

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2712 Winchester St. Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Irene Moberly

(a) Residence: No. 2712 Winchester St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Mobaly

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co
(State or country) Md.

FATHER

13. NAME Wm B Stone

14. BIRTHPLACE (city or town) Frederick Co
(State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Frederick Co
(State or country) Md

17. INFORMANT John W. Moberly
(Address) 2712 Winchester St

18. BURIAL, CREMATION, OR REMOVAL
Wood Lawn Date 12/13 1932

19. UNDERTAKER M E Grogan
(Address) 841 W Fayette St
Huntington Williams, Reg.

FILED DEC 12 1932 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1932

22. I HEREBY CERTIFY, That I attended deceased from September 15 1932 to Dec 10 1932

I last saw her alive on Nov 11th 1932 Death is said to have occurred on the date stated above, at 9.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure	12/10/32
Other contributory causes of importance: Chronic Myocarditis	several years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J E Boulton M. D.

12/13/32 (Address) 3909 Gaston Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1716

E 85335 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85335

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St., 12-50 Ward) 47 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Faulkner

(a) Residence: No. 2316 Hunter St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND or WIFE of Elizabeth Price (friend)

6. DATE OF BIRTH (month, day, year) Dec 1st 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19 20	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0?0

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thos Faulkner

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Dora ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place MT Calvary Cem Date 12/12 1932

19. UNDERTAKER Raymer Sanders
(Address) 1412 E Preston St

20. FILED DEC 12 1932 Interim Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-4 1932 to 12-8 1932

I last saw her alive on 12-8 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	8-1-32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-8-1932

(Signed) Chas Hitchcock M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

85336

HEALTH DEPARTMENT—CITY OF BALTIMORE

85336

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sina Hosp. St. 2-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Welzel

(a) Residence: No. 2054 Barnet St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) June 22 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Charles Welzel

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Nellie Dausch

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Martha Welzel
(Address) 2054 Barnet St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 14 1932

19. UNDERTAKER Martin W. E. Dyspel Inc
(Address) 37 E Lanvale St

20. FILED DEC 12 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1932 to Dec 11, 1932

I last saw him alive on Dec 11, 1932 Death is said to have occurred on the date stated above, at 2 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Pachymeningitis)	March 8 months
Broncho pneumonia	2 days.

Other contributory causes of importance:

Operation Cervical syndrome + opening of adhesions Date of 12-27-32

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) F. R. Cohen, M. D.

(Address) Sinai Hospital

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-9

E 85337 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85337

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 E. Barney St. 22-6 Ward)

Registered No. 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma K. Englerth

(a) Residence: No. 21 E. Barney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Englerth

6. DATE OF BIRTH (month, day, year) Feb. 3 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51 52	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John T. Knapp

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emily Crain

16. BIRTHPLACE (city or town) (State or country) Erie Pa

17. INFORMANT John J. Englerth

(Address) 21 E. Barney St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 13 1932

19. UNDERTAKER Robert F. Kinsley

(Address) 700 E. Lafayette Ave

20. FILED DEC 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10. 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1 1932 to Dec. 10 1932

I last saw her alive on Dec. 9 1932. Death is said to have occurred on the date stated above, at A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast & General Metastasis Indefinite	
Exhaustion	12/8/32

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Campbell M. D.

12/10/32 (Address) 1644 Harlem St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

E 85338 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85338

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 W. Fayette St., 18-16 WARD)

REGISTERED NO. 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Carrie A Wheeler

(a) RESIDENCE NO. 1527 W. Fayette ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank M. Wheeler

6 DATE OF BIRTH (month, day, and year): Mar 8-1860

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min.
72	9	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housewife

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Illinois

PARENTS

10 NAME OF FATHER: do not know

11 BIRTHPLACE OF FATHER (city or town) (State or country): not known

12 MAIDEN NAME OF MOTHER: not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): not known

14 Informant: Frank M. Wheeler

(Address): 1527 W. Fayette

15 Filed DEC 12 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 11 1932

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1932, to Dec 11, 1932, that I last saw her alive on Dec 10, 1932, and that death occurred, on the date stated above, at 2.20A m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

(duration) ✓ yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) myocarditis Senile degeneration of heart ✓ ✓

(duration) yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Phys Exam.

(Signed) John A. Husband M. D.

12/12, 1932 (Address) 1219 Poplar Grove

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet

DATE OF BURIAL: Dec 12th 1932

20 UNDERTAKER: Jones

ADDRESS: Eutaw

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 85339

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85339

CERTIFICATE OF DEATH

1. PLACE OF DEATH Church Home & Hospital

CITY OF BALTIMORE: (No. 1525 St., Ward) 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Estelle Buck

(a) Residence: No. 1801 Walbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Buck

6. DATE OF BIRTH (month, day, year) Aug 12 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework (?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Frederick Durbin

14. BIRTHPLACE (city or town) (State or country) Penna. Pa.

MOTHER

15. MAIDEN NAME Rebecca Foy

16. BIRTHPLACE (city or town) (State or country) Frog't Co. Ind

17. INFORMANT Mrs. Spurrier

(Address) 614 Yorkshire Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Dec. 3. 1932

19. UNDERTAKER Isaiah Byer

Address 1600 W. North Ave

FILED DEC 12 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932, to Dec 10, 1932

I last saw h.e alive on 12/10/32, 19... Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	12/1/32

Other contributory causes of importance:

Myocardial degeneration	1922
- Senile Senility	

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry S. Kelly M. D.

(Address) Church Home & Hospital

Information should be carefully supplied. AGE should be stated in last birthday. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85340

HEALTH DEPARTMENT—CITY OF BALTIMORE B 85340

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1163 Whatcoat St. 16-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chester Symms Brown

(a) Residence: No. 1163 Whatcoat St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 15 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glen Burnie Md.

FATHER

13. NAME Chas Brown Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Etta Flynn

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ella Brown

(Address) 1163 Whatcoat

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 13 1932

19. UNDERTAKER David Eakes

(Address) 916 Pa Ave

DEC 12 1932

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Mitral Stenosis	
Endocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Smith M. D.

Coroner

(Address) Catonsville

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85341

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85341

CERTIFICATE OF DEATH

66-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 N. Patterson Park Ave St. 6-16 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bernardine M. Decker

(a) Residence: No. 1727 N. Patterson Park Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of (or) WIFE of) Francis G. Decker

6. DATE OF BIRTH (month, day, year) Sept. 15 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Covington Kentucky

FATHER

13. NAME Bernard Tellmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME A. Bernadine Hoecker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Francis G Decker

(Address) 1727 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Parkwood Cemetery Date Dec. 13 1932

19. UNDERTAKER Henry Moore Sons, Inc

(Address) 1301 E. Eager St

20. FILED ..... Registrar.

DEC 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from November 7 1932 to December 10 1932

I last saw her alive on December 1 1932 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1929
Thrombosis	1925
Exophthalmic Goiter	1925

Other contributory causes of importance:

Influenza	11/6/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert B Singewald, M. D.

(Address) 1613 E North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. Where state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Size 14 by 8½ M. & T.—250 Blks

85342

E 85342

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Kentucky Ave. ST., 8-45 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Margaret Fritsch.

(a) RESIDENCE NO. 2816 Kentucky Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 71 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 71 yrs. ---- mos. ---- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Aloysius Fritsch.

6 DATE OF BIRTH (month, day, and year) December 23, 1844

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	11	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER ------ Boenning.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant George Fritsch. (son)

(Address) 2816 Kentucky Ave.

15 Filed DEC 12 1932 by Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 10, 1932

17

I HEREBY CERTIFY, That I attended deceased from November 4th, 1932, to December 10th, 1932,

that I last saw her alive on December 10, 1932,

and that death occurred, on the date stated above, at 9 p. m.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart and Kidneys.

(duration) ... yrs. 2 mos ... ds.

CONTRIBUTORY (Secondary) Acute dilatation of the Heart

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M Reinhardt, M. D.

12/12/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rood Dec 13

DATE OF BURIAL 32 19

UNDERTAKER Jos J Sterr & Son

ADDRESS 15 E. Fayette St

mation should be carefully supplied. Also should be given. Exact statement of OCCUPACY CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificates.

M. D. H. 1268-6

E 85343 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23 E 85343

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estella Mills

(a) Residence: No. 33 Main st., Laurel, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Mills

6. DATE OF BIRTH (month, day, year) April 25, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Furness Virginia

FATHER

13. NAME Albert Day

14. BIRTHPLACE (city or town) (State or country) Virginia ?

MOTHER

15. MAIDEN NAME Sarah Vane

16. BIRTHPLACE (city or town) (State or country) Virginia ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Pt. Pleasant Cem. Date Dec. 13 1932

19. UNDERTAKER Easton Home
(Address) Edenton City

20. FILED DEC 14 1932 Huntington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1932 to Dec. 11, 1932

I last saw her alive on Dec. 11, 1932 Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Spring 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Stearn M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. Any answer that is not known should be stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85344

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85344

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 264 Exeter St. 5-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Shields

(a) Residence: No. 224 Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Shields

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Dec 32

11. Total time (years) spent in this occupation 9 mos

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Collins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Cora Lipsey

(Address) 153 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 12-12 1932

19. UNDERTAKER Bryant & Annie Wright

(Address) 1213 E. Eager St

Huntington Williams, N.C.

Registrar

EC 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Investigated 19

I last saw alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related cause of importance were as follows: See above card

	Date of onset
Cerebral Hemorrhage	1 day

Other contributory causes of importance: Hypertension

Name of operation None Date of

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James M Fenton M. D.
Coroner

(Address) 1000 E Chase

Information asked for on this certificate is necessary. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1200-0

E 85348

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85345

CERTIFICATE OF DEATH

107-021

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1363 Ander St. 24-33 Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josefa Stefe

(a) Residence: No. 1363 Ander St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ludwik Stefe

6. DATE OF BIRTH (month, day, year) unk.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Frank Lee

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Ludwik Stefe
(Address) 1363 Ander St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rood Cem Date Dec 12, 1933

19. UNDERTAKER F W Bazzewski
(Address) 1930 Edmondson Ave

20. FILED DEC 12 1932 Clifton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1933 to Dec 9, 1933

I last saw h.. alive on Dec 5, 1933. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 9

Other contributory causes of importance:

Cardiovascular Renal	Dec 5

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wieder Morris M. D.

(Address) 1936 Edmondson Ave

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN. ALL QUESTIONS ON THIS BLANK SHOULD be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. B. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85346

CERTIFICATE OF DEATH

45

E 85346

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 W. Fayette St. 30-7 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Alker

(a) Residence: No. 2100 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva Alker

6. DATE OF BIRTH (month, day, year): Dec 4, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher 01²

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Blocchu v Schaaf

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Eva Alker
(Address) 2100 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Dec 13, 1932

19. UNDERTAKER: The Fred Ahrs W. Seipel & Son
(Address) 501 W. Fayette St. Baltimore, Md.

19 ... Registrar.

EC 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-26-3, 19... to 12-11-32, 19... I last saw him alive on 12-11-32, 19... Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pharynx.	
Toxaemia	

Name of operation Radium Used Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Noel Fetterolf, M. D.
(Address) 3400 Walbrook Ave

Information should be carefully supplied. AGE should be stated as nearly as possible. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85347

CERTIFICATE OF DEATH

E 85347

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospital.

CITY OF BALTIMORE: (No. Balto Md, St. [illegible] Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Floyd Reaganda

(a) Residence: No. 770 W. Lexington St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 13 1932

19. UNDERTAKER Geo M. Trail Son
(Address) 811 N. Wolfe St. Huntington Ave, Balto

20. FILED ... 19... Registrar.

DEC 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-5-1932 to 12-10-1932

I last saw him alive on 12-10-1932 Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into left internal capsule	12-4-32

Other contributory causes of importance:

None	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

12-11-32 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85348

CERTIFICATE OF DEATH

E 85348

1. PLACE OF DEATH Balto City Hospitals — Registered No. 7-17 46

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 10 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alonzo Lewis

(a) Residence: No. 2405 E Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 19 - 1851

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
81	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0+0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Andrew B. Lewis

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Harriet A. Shennig

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date Dec 14" 32

19. UNDERTAKER Geo M Gruff & Son
(Address) 811 Washington Blvd

20. FILED ... Registrar.

DEC 17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-5-, 1932 to 12-10, 1932

I last saw h[illegible] alive on 12-10, 1932 Death is said to have occurred on the date stated above, at 11:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Esophagus with regional Metastases	Jan-32
Other contributory causes of importance:	
Bronchopneumonia	12-8-32

Name of operation Gastrostomy Date of 6-13-32

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) Wm Bruce Schaefer M.D.
(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. Prefix Mr., Mrs., Miss, or state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1265-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85349

E 85349

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1333 Bolton St., (If not in hospital)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eufemia Cromwell Thomas,

(a) Residence: No. 1333 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jno C. Thomas

6. DATE OF BIRTH (month, day, year) Nov 23rd 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Cromwell

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md

MOTHER

15. MAIDEN NAME Elizabeth Hammond

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md

17. INFORMANT Thos C. Corner

(Address) 20 Derrymount Rd Brooklyn Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Loudon Park Date Dec 13, 1932

19. UNDERTAKER Henry W. Eichelberger Sons Co

(Address) McCulloh & Eutaw Sts

21 FI 19 Registrar.

DEC 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 11, 1932

I last saw h[illegible] alive on Dec 11, 1932. Death is said to have occurred on the date stated above, at 9.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis —	unknown
Myocarditis —	unknown
Acute Pulmonary Edema.	2 hrs.

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John W. Larned M. D.

(Address) 1327 E. Oliver Baltimore Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85350

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85350

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2319 E. Preston St., 8-12 Ward) 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Wagner.

(a) Residence: No. 2319 E. Preston St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles H. Wagner.

6. DATE OF BIRTH (month, day, year) Dec. 22, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76,	11,	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME — Wagner

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME E. Bohn.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Emma L. Haney
(Address) 2319 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Dec 14, 1922

19. UNDERTAKER A. Hayward Evans
(Address) 38 E. Fort Ave
Huntington Building, Md.

20. FILED DEC 12 1922 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1922

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1922 to Dec 12, 1922

I last saw her alive on Dec 10, 1922 Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 21

Other contributory causes of importance:
Arteria Sclerosis Chronic
Interstitial Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Chas B Fenwick, M. D.

(Address) 718 N Patterson Park Ave

Information should be carefully supplied. Write plainly. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 12 1922

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85351

210 E 85351

Registered No. .

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Eutaw Place St. 24 - 25 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline E. Esslinger

(a) Residence: No. 1407 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug. 4, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Esslinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Schiller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Pauline E. Esslinger
(Address) 1407 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery Dec 13 1932

19. UNDERTAKER Chas. G. Black
(Address) 702 W. Lanvale Ave

20. FILED DEC 12 1932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 to 19

I last saw h alive on injury, 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (due to)	
Fractured Skull	3/31/32
Other contributory causes of importance:	
Automobile Accident	3/31/32

Name of operation none Date of ✓

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3/31, 1932

Where did injury occur? Harford Ave nr 25th St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Struck by auto while

Nature of injury walking across Harford Ave

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Joseph Pikorny Coroner M. D.

(Address) 1200 E Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85352

E 85352

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 36-37 Ward) 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Cornish

(a) Residence: No. Balto City Hospitals St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1/4/1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Howard Cornish

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Keziah Cornish

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT (Address) Record, Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Dec. 1, 1932

19. UNDERTAKER Hendrix & Tapscott

(Address) 3[illegible] Huntington Avenue

Huntington Ave, Registrar.

C 12 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-11-1927 to 12-10-1932

I last saw h. alive on 12-10-1932. Death is said to have occurred on the date stated above, at 3:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/32

Other contributory causes of importance:

None

Name of operation No Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-10-1932 (Signed) Elmer Hitchcock M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. Prefix Ditto marks (") where same as above. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85353 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 85353

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Mt Royal Av St., 14-20 Ward)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 65 10 13

2. FULL NAME Walter Glanville Watts

(a) Residence: No. 1403 Mt Royal Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 28 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Business

10. Date deceased last worked at this occupation (month and year) about 1931

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME J. Marion Watts

14. BIRTHPLACE (city or town) (State or country) Boonsboro Md.

MOTHER

15. MAIDEN NAME Harriet V. Perry

16. BIRTHPLACE (city or town) (State or country) Boonsboro Md.

17. INFORMANT Mrs. Edw. A. Watts (Son.)
(Address) 1403 Mt Royal Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 13. 1932

19. UNDERTAKER Guenther Co
(Address) 1218 N Howard

20. FILED DEC 12 1932 Clinton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-11-32. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1930 Dec 12th 1932

I last saw him alive on Nov. 29th Death is said to have occurred on the date stated above, at 2 A.M. Dec 12th

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hardening of Chronic	
Heart + Kidney Disease	
And Ending at 10 A.M	
Sunday Dec 11th 1932	
Other contributory causes of importance:	

Name of operation None Date

What test confirmed diagnosis Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. Wilmer Brinton M. D.
(Address) Boulevard + Forest Sts

Information should be carefully supplied. Age should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85354

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85354

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victor J. Albert

(a) Residence: No. 1420 N Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/10

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teleg Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clb

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Daniel Albert

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary Fitzgibbons

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rochester N.Y. Date July 14 19 3

19. UNDERTAKER Richardson Funeral Co
(Address) 1058 Eutaw St.

DEC 12 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1932; to Dec 12, 1932

I last saw him alive on Dec 12, 1932 Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Nephritis	

Other contributory causes of importance:

Coronary disease	
Pulmonary edema	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Ralph G. Hills M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85355 E 85355

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md St. 5 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Dubrow

(a) Residence: No. 1020 E Balto St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 5-8-?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Herman Dubrow

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Blumma ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Hebrew Cemetery Date Dec 13 1932

19. UNDERTAKER S. Lennon Bro

(Address) 1127 E Baltimore st.

20. FILED DEC 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-27-1932 to 12-10-1932

I last saw him alive on 12-10-1932. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease	2
Pyelitis	1
	11-27-32
Other contributory causes of importance: Uremia	12-5-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-11-32 (Signed) Elma Hightower M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. Note should be taken that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 85356

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85356

CERTIFICATE OF DEATH

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 50 W Biddle St. 11-24 WARD)

REGISTERED NO. 175

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen T. Klima

(a) RESIDENCE No 1508 England ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

(Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew F. Klima

6 DATE OF BIRTH (month, day, and year) Aug 16 1901

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	3	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto city

PARENTS

10 NAME OF FATHER Harry Bankart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Mary Knabb

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Irma M. Bankart

(Address) 151 S Eutaw St.

15 Huntington Williams M.D. Registrar

DEC 12 1932, 192

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 11 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said investigation (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

acute alcoholism

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? History & Case

(Signed) James M Fenton, M. D. Coroner

12, 1932 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem DATE OF BURIAL Dec 13. 1932

20 UNDERTAKER John O. Mitchell & Sons. ADDRESS 1900 Eutaw Place

C 12 1932

NOTE.—WRITE PLAINLY, WITH UNFADING INK. All questions must be answered. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85357 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85357

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 White Ave., Raspeburg St., 26th Ward) 26-42

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Slade

(a) Residence: No. 4207 White Ave., Raspeburg, Md. St., 26th Ward.

(Usual place of abode) (If non-resident give city of town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Slade

6. DATE OF BIRTH (month, day, year) June 26, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer (retired).

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Whitehall, Balto. Co.,
(State or country) Maryland

FATHER

13. NAME Vanran Slade

14. BIRTHPLACE (city or town)
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Matthews

16. BIRTHPLACE (city or town)
(State or country) Maryland

17. INFORMANT Mrs. Jesse Hance

(Address) Bowie, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Providence Cem. Date Dec 14, 1932

19. UNDERTAKER Frederick Lassahn & Son

(Address) 1401 Belair Road

Huntington Williams, Md.

(Signature)

DEC 13 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8th, 1932 to Dec. 12, 1932

I last saw him alive on December 11, 1932 Death is said to have occurred on the date stated above, at 8:40A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis and Chronic Myocarditis	25yrs ?
Other contributory causes of importance: Cardiac Insufficiency	3days.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. L. Wilkinson, M. D.

(Address) 5713 Belair Rd., Baltimore, Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85358

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85358

CERTIFICATE OF DEATH

8-43 125-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 Cliftview Ave St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia May Meekins

(a) Residence: No. 1619 Cliftview Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William H. Meekins

6. DATE OF BIRTH (month, day, year) Oct. 2, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Arther G. Meekins

(Address) 1619 Cliftview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date Dec 13 19 32

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager st

20. FILED Dec 13 1932 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1932 to Dec 10 1932

I last saw her alive on Dec 9 1932 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	10/4/32

Other contributory causes of importance:

Chronic gall bladder and Liver	1 yr

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify ...

(Signed) Ernest F. Zimmermann M.D.

(Address) 1559 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85359

CERTIFICATE OF DEATH

~~108~~ E 85359

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp (St.) 20-27 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estes Orbin Gosnell

(a) Residence: No. 1922 Laurella Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 29-32

7. AGE — Years: — Months: 3 — Days: 12 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jas Gosnell

14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

MOTHER

15. MAIDEN NAME: Zella Dorsey

16. BIRTHPLACE (city or town) (State or country): Howard Co Md

17. INFORMANT: Zella Gosnell
(Address) 1922 Laurella

18. BURIAL, CREMATION, OR REMOVAL
Place Altham md Date Dec 13, 1932

19. UNDERTAKER: Joseph A Lesley
(Address) 1699 Mount Ave

FILED DEC 13 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 11th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1932, 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
(Address) ... Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85360 E 85360

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John N. Scott

(a) Residence: No. 1634 W. Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	married

5a. If married, widowed, or divorced: HUSBAND of ~~WIFE~~ of Esther Scott

6. DATE OF BIRTH (month, day, year) 1-15-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

FATHER

13. NAME Bob Scott

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Mary Branford

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Dec 13, 1932

19. UNDERTAKER Joseph A Lively

(Address) 1409 N. Mount Street

20. FILED DEC 13 1932 Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1932 to 12-9, 1932

I last saw him alive on 12-9, 1932 Death is said to have occurred on the date stated above, at 6 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic cystitis	
Arteriosclerotic	?
Cardio-Vascular Renal	?
disease	

Other **contributory causes** of importance:

Heart failure (Acquired)	12-9 32

Name of operation Cystoscopy Date of 12-4-32

What test confirmed diagnosis? C.F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm Pomeroy Schuyler M. D.

(Address) Balto City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85361 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85361

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2635 Paca St. Institution) (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada Galloway

(a) Residence: No. 2635 Paca St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Daniel Galloway

6. DATE OF BIRTH (month, day, year) 10/27/1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Wm Dixon

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Holland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Beatrice Scott

(Address) 2635 Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Dec 14, 1932

19. UNDERTAKER Joseph A Lively

(Address) 1609 N. Mount Street

20. FILED ... 19... Registrar.

DEC 13 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11/1932

22. I HEREBY CERTIFY, That I attended deceased from 12/9/1932 to 12/11/1932

I last saw h... alive on 12/11/1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. B. Howerton M. D.

(Address) 912 Eutaw St

IMPORTANT: WRITE WITH PEN AND INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250R

E 85362

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85362

CERTIFICATE OF DEATH

V 124-001

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-24 Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas B. Joyave

(a) Residence: No. 1827 McHenry St., St., Baltimore, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertie Dawkins Joyave

6. DATE OF BIRTH (month, day, year) Jan. 9, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Alex Joyave

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Ellen Connelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place [illegible] Date 12/14 1932.

19. UNDERTAKER [illegible] (Address) [illegible]

DEC 13 1932 Huntington Williams, Md. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1932, to December 12, 1932

I last saw him alive on December 12, 1932, death is said to have occurred on the date stated above, at 11:15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver, atrophic	Uhknown
Other contributory causes of importance:	
Myocarditis, chronic	"

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) G. R. Abbott, M. D.

(Address) U.S. Marine Hospital.

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD.

E 85363

M. D. C. 1968-9

E 85363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 97-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3407 Park Heights ave St. 15-54 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 84 yrs. ... mos. ... ds.

2. FULL NAME Aurora Mueller

(a) Residence: No. 3407 Park Heights ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Chas. A. H. Mueller.

6. DATE OF BIRTH (month, day, year) Feb. 9-1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Augustave Runge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Codik

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Bertha Mueller

(Address) 3407 Park Heights

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 12/14 ... 193?

19. UNDERTAKER Harry D. Cutler

(Address) 4106 Liberty Heights ave.

20. FILED ... Registrar.

DEC 13 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 11 . 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 - , 1932 to Dec 11 - , 1932

I last saw h ~~e~~ alive on Dec 10 , 1932 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart disease	1922
Other contributory causes of importance:	
Arteriosclerosis	1922

Name of operation — Date of —

What test confirmed diagnosis? Thyroid Examination Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Paul Brown M. D.

(Address) 1663 W. North ave.

INSTRUCTIONS—Use PERMANENT BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85364 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 85364

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 37

CITY OF BALTIMORE: (No. ..... St. 26-34 Ward .....)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Sallet

(a) Residence: No. 312 North Point Road, Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Jan 14, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67 ~~70~~	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) Sept. 1932

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Sauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Richter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Bur. Date 12/15/32 19

19. UNDERTAKER Philip Henig
(Address) 2016 Edmondson Ave

20. FILED DEC 13 1932 Huntington Wilkinson Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 7 1932 to Dec. 12 1932
I last saw h[illegible] alive on Dec 12 1932 Death is said to have occurred on the date stated above, at 3:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate (Benign)	1927
Other contributory causes of importance:	
Interstitial Pulmonary (Stages)	12/11/32

Name of operation Suprapubic prostatectomy 11/3/32
What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Wm Bruce Schaffer M. D.
(Address) Balto City Hospitals

INFORMATION CONTAINED HEREIN IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

E 85365 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85365

CERTIFICATE OF DEATH

150

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2021 E 31st St., 9-46 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances H Smith

(a) Residence: No. 2021 E 31st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel H Smith

6. DATE OF BIRTH (month, day, year) Dec 23 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	11	17	18

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Worcester Co Md

FATHER

13. NAME John L Kinsey

14. BIRTHPLACE (city or town) (State or country) Worchester

MOTHER

15. MAIDEN NAME Mary A Wimer

16. BIRTHPLACE (city or town) (State or country) Worcester Co Md

17. INFORMANT Flora F Barnes

(Address) 3503 Powhattan Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 13 1932

19. UNDERTAKER Hughes & Innes

(Address) 424 North Broadway

20. FILED ..., 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to Dec 10, 1932

I last saw her alive on Dec 9, 1932 death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	1930
Metastasis of lungs, liver.	1932

Other contributory causes of importance:

Tuberculosis	Sys 1932

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. W. Bosley, M. D.

(Address) 521 Sheridan Ave.

DEC 13 1932

AFFIX PHYSICIAN'S LABEL WITH CAPABORO INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85366

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85366

CERTIFICATE OF DEATH

193-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Braddish Ave. St. 16-68 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie A. Kahl,

(a) Residence: No. 1507 Braddish Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Kahl,

6. DATE OF BIRTH (month, day, year) April 18, 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	7	23 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Minden (State or country) Germany

FATHER

13. NAME Bernhardt Wolff,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Meyer,

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Bertha Priesterjahn

(Address) 1507 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lundow Park Date DEC 15 1932, 19

19. UNDERTAKER Leo N. Little

(Address) 1501 E. Fayette St.

DEC 13 1932, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 11 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1932 to Dec. 11, 1932

I last saw h... alive on Dec 10, 1932 Death is said to have occurred on the date stated above, at 8:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis Rheumatism.	15 yr.
Other contributory causes of importance: Chronic myocarditis	5 yr.

Name of operation No Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Nelson, M. D.

(Address) 1507 Braddish Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1768-9

E 85367 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85367

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Curley & Fairmount St., 611 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lilly T. Hodgson

(a) Residence: No. 932 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Hodgson

6. DATE OF BIRTH (month, day, year) May 2 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Willis Crosby

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Catherine Kernan

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward Hodgson
(Address) 932 E Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Oaklawn Date Dec 13 19 32

19. UNDERTAKER John A. Wilson
(Address) 3000 E. Baltimore St

DEC 13 1932 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Hyperthyroidism	

Name of operation Date of

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. F. Myers MD Coroner, M. D.

(Address) 3053 Fallsway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85368

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85368

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 917 Bennett Place St., (Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mercer W Fry

(a) Residence: No. 917 Bennett Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Orange Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Mary L. Ashton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bertha Mayo Daughter
(Address) 153 Chilcote St. W. Va.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem Date 12/13 1932

19. UNDERTAKER Bernard C. Stanley & Co.
(Address) 1505 Pennsylvania Ave.

20. FILED DEC 13 1932 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11- , 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-1- , 1932 to 12-11 , 1932

I last saw h— alive on 12-10 , 1932 Death is said to have occurred on the date stated above, at 10-30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular heart disease about 4 yrs mo.	
Decompensation	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Jackson, M. D.

(Address) 604 N. Arlington

M. D. B. 1268-9

E 85369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85369

26763

Med.

92-001

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Jackson

(a) Residence: No. 1622 Jefferson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Essie Jackson

6. DATE OF BIRTH (month, day, year) 5/1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39	- 1	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) September 1931

11. Total time (years) spent in this occupation 6 mos.

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Pompie Jackson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lavinia Johnson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12/13/32 19

19. UNDERTAKER W. P. A. Eckert

(Address) 425 N. Gay Street

20. FILED DEC 13 1932 Hunter Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-6-1932 to 12-11 1932

I last saw him alive on 12-11-1932 Death is said to have occurred on the date stated above, at 6:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Endocarditis	18 yrs. ago
Mitral Stenosis & Insufficiency	
Auricular fibrillation	
Myocardial insufficiency	6 mos. ago.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Carmichael Teighman M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85370

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85370

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 45-6887-891 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 43 yrs. ... mos. ... ds.

2. FULL NAME Sarah Hamburger

(a) Residence: No. 3508 Cottage Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Hessel Hamburger

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Hamburger - Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jewish Rest Cemetery Date 12-13-1932

19. UNDERTAKER Jack Levin Inc.
(Address) 739 E. Baltimore St.

20. FILED DEC 13 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1932 to Dec. 12, 1932

I last saw her alive on Dec. 8, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 18 32
Pneumonia (Terminal)	Dec. 11

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Aut. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) A. Cohen, M. D.

(Address) Sinai Hospital

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85371

CERTIFICATE OF DEATH

93-008

E 85371

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 48 yrs. ... mos. ... ds.

2. FULL NAME Barney Ecker

(a) Residence: No. 857 N. Howard St St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Esther Ecker

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Antique Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon Ecker

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lottie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Minnie Jacobson

(Address) 107 Hope Ave - Passaic N. J.

18. BURIAL, CREMATION, OR REMOVAL.

Place Hebrew Friendship Cem Date 12/13- 1932

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E Preston St Washington Williams, N.J.

20. FILED DEC 13 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on Dec 9 19 32 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Kaufman Coroner M. D.

(Address) Coroner

NOTE—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

85372 HEALTH DEPARTMENT—CITY OF BALTIMORE 85372

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. Mercy Hospital St., 6 A 10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Abell

(a) Residence: No. 209 N Collington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chauffeur

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Chas.

14. BIRTHPLACE (city or town) St. Marys Co. Md.
(State or country)

MOTHER

15. MAIDEN NAME Luisa Bernier

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mercy Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Dec 15, 1932

19. UNDERTAKER Mark W. E. Dippel Inc
(Address) 323 Amity St

DEC 13 1932 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 1932, to 12/12, 1932

I last saw him alive on 12/12, 1932. Death is said to have occurred on the date stated above, at 11:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombocytopenia	
Other contributory causes of importance: Pulmonary Tuberculosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Lab. ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) J. H. Bruner, M. D.

(Address) Mercy Hospital

Spec. 1-10-21—M&T—1500 Blks.

85373 E 85373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2705 Garrison Av ST. 15-61 WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sue Ellen Slagle

(a) RESIDENCE NO. 2705 Garrison Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Slagle

6 DATE OF BIRTH (month, day, and year) Feby. 22, 1851

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	9	2021	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Hanover Pa.

PARENTS

10 NAME OF FATHER Simon Beard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Ellen Franks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Mrs. Mollie B. Shultz (Address) 2705 Garrison Blvd.

15 DEC 13 1932 16 [illegible] Wife [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 8 1932 to Dec 12 1932 that I last saw her alive on Dec 12 1932 and that death occurred, on the date stated above, at 6.20 P. m.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Lobar pneumonia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Hallie S. Tribbett, M. D.

Dec 13 32 (Address) 2220 Garrison Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hanover, Pa. DATE OF BURIAL Dec. 15 32

20 UNDERTAKER Wm. J. Tickner & Son ADDRESS N. Park Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

MARGIN RESERVED FOR BINDING

E 85374

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85374

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 N. Smallwood St. St., 15-68 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Vicary

(a) Residence: No. 2023 N. Smallwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ******

6. DATE OF BIRTH (month, day, year) Oct. 30, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired (8 yrs)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bristol
(State or country) England

FATHER

13. NAME George Vicary

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Rose Cornish

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Emma Sands
(Address) 2023 N. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec. 13, 1932

19. UNDERTAKER Wm. Tuckey & Sons
(Address) North & Pennsylvania Aves.

DEC 13 1932

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1930 to Dec 11, 1932

I last saw him alive on Dec 11, 1932 Death is said to have occurred on the date stated above, at 8.45AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	about 1922
cerebral hemmorrhage	12/6/32

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Geo. A. Kemp, M. D.

(Address) 3030 Edmondson Ave

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85375

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85375

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 893 W. Lombard St. | 12-11 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Lee.

(a) Residence: No. 893 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Late Maurice Lee.

6. DATE OF BIRTH (month, day, year) Aug 15th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	3.	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME James Enright.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr Timothy J. Lee.
(Address) 893 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/15/32

19. UNDERTAKER John J. Powers & Son.
(Address) 901 Hollins St.

20. FILED DEC 13 1932 Washington Hollins, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to Dec 12 1932

I last saw h... alive on Dec 1 1932. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 85376 26780

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85376

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. E 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Justine Hood

(a) Residence: No. 1712 E Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Walker Hood

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Helen Harris

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date 12/14 1932

19. UNDERTAKER Mrs Chas G. Bailey

(Address) 1421 Jefferson St

20. FILED DEC 13 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1932 to Dec 11 1932

I last saw her alive on Dec 11 1932 Death is said to have occurred on the date stated above, at 330 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/6/32

Other contributory causes of importance:

Septicemia ?	12/10/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Allan Roos M. D.

(Address) J H H

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85377

E 85377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 S. Bond St. St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Cituk

(a) Residence: No. 717 S Bond St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maryanna Cituk

6. DATE OF BIRTH (month, day, year) unk.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Joseph Cituk

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Maryanna Cituk

(Address) 717 S Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 4 1932

19. UNDERTAKER J. Wojtaszewski

(Address) 1930 E Eastern Ave

20. FILED ..... 19..... ..... Registrar

DEC 13 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10/32 19

22. I HEREBY CERTIFY, That I attended deceased from 12/1/32. 19 to 12/10/32. 19

I last saw h[illegible] alive on 12/9/32. 19 Death is said to have occurred on the date stated above, at 8.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	2 wks
Broncho Pneumonia	14 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Cs. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Daniel D Zahn M. D.

(Address) 3165 Patterson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-5

85378

HEALTH DEPARTMENT—CITY OF BALTIMORE 85378

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3330 Edmondson Ave 16-20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick G. Kaufman

(a) Residence: No. 3330 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
male	white	Widowed

5a. If married, widowed, or divorced
~~HUSBAND~~ of ~~or WIFE~~ of Mary E. Kaufman

6. DATE OF BIRTH (month, day, year) April 15, 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Godfrey Kaufman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary C. Kaufman
(Address) 3330 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 14, 1932

19. UNDERTAKER Martin Funeral Homes
(Address) 1827 W. North Ave.

20. FILED DEC 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1932 to Dec 11, 1932

I last saw him alive on Dec 11, 1932 Death is said to have occurred on the date stated above, at 10 30/2 m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis — Date of onset 1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No ...If so, specify ...

(Signed) L. A. Lally, M. D.

(Address) 3517 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85379

CERTIFICATE OF DEATH

E 85379

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH La

CITY OF BALTIMORE: (No. Mercy Hospital St., 5-8 Ward)

Registered No. 4167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorothy Ruggles

(a) Residence: No. 216 N Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm Ruggles

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 6/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

19. UNDERTAKER
(Address)

20. FILED ... 19 ... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw her alive on Dec 3 1937 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause of her death Bullet wound through brain, self inflicted Suicide	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inspection Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of Injury ... 19 ...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury Bullet wound head

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Howard W. Kruber, M. D.
Coroner

(Address) 705 Cleveland

E.D. 85380

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85380

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1114 Woodyear St. 16-23 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Hopkins

(a) Residence: No. 1114 Woodyear St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Hopkins

6. DATE OF BIRTH (month, day, year): 1873 Feb

7. AGE: Years: 59 | Months: 9 | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm Hopkins

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Eliza Hopkins 1114 Woodyear

18. BURIAL, CREMATION, OR REMOVAL

Place: Univ. of Md Date: Dec 13th 19...

19. UNDERTAKER (Address): Commissioner Health

Huntington Williams, M.D. Registrar.

20. FILED ... THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26 , 1932

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19...

I last saw h... alive on Unknown Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
a. Chronic Myocarditis	6 months
b.	
c.	
d.	

Other contributory causes of importance:

Name of operation: Regular Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. C. Luck M. D.

Coroner

(Address) Edmondson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85381 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85381

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 908 Madison Ave (Ward) 24

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia Mayer

(a) Residence: No. 908 Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color: Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of John Mayer

6. DATE OF BIRTH (month, day, year): 1889

7. AGE: Years 37 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year): Dec 1932
11. Total time (years) spent at this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: John Smith
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Myer
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): John Mayer 908 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Md Date Dec 13 19 32

19. UNDERTAKER (Address): [illegible]

20. FILED Huntingtown Wilkinson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 12 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 19 32 to Dec 12 19 32
I last saw h alive on Dec 12 19 32 Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. E. Lundy, M. D.
Coroner
(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(M. D. B. 1268-9)

E 85382

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85382

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 14-90 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .... yrs. 2 mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Annie Berry

(a) Residence: No. Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	Unknown		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Pt Lot Date Dec 9th 19 32

19. UNDERTAKER
(Address)

20. FILED DEC 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-18 1932 to 12-7 1932

I last saw h alive on 12-7 1932 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lueties Cardio-Vascular Renal Disease	
Aortic Insufficiency	10-18-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B. Harris M. D.

(Address) Provident Hospital

Spec.—8-16-29—L. F. S.—100 Bks.

85383

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85383

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No.) 4102 Walbrad ave (St.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Charles N. Baker

(a) RESIDENCE NO. 4102 Walbrad ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Baker

6 DATE OF BIRTH (month, day, and year) Sept. 17. 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired 050

(b) General nature of industry, business, or establishment in which employed (or employer) Coach Painter

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Emmittsburg Md.

PARENTS

10 NAME OF FATHER Nicholas Baker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Europe

12 MAIDEN NAME OF MOTHER Catherine Rollman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Mrs. Mary Baker
(Address) 4102 Walbrad ave

15 Filed DEC 13 1932, [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 12, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932, to Dec 12, 1932, that I last saw h[illegible] alive on Dec 10, 1932 and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) [illegible]

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) James H. Kalbfus M.D.

12/12/32 (Address) 721 Mc[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cem

DATE OF BURIAL Dec. 15 1932

UNDERTAKER Margaret D. Flynn

ADDRESS 1422 Light

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

E 85384 — 100 Bks.

E 85384

HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

1—PLACE OF DEATH — REGISTERED NO. _____

CITY OF BALTIMORE: (No. 2309 Anapolis Rd ST. 25-32 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna K. March

(a) RESIDENCE NO. 2309 Anapolis Rd. ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm. H. March

6 DATE OF BIRTH (month, day, and year): Sept 18. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of Industry, business, or establishment in which employed (or employer): 0 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto. Md.

PARENTS

10 NAME OF FATHER: Jacob Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): germany

12 MAIDEN NAME OF MOTHER: Elizabeth Wolfe

13 BIRTHPLACE OF MOTHER (city or town) (State or country): germany

14 Informant: Mrs. Martha March

(Address) 2234 Sydney ave

15 Filed _____, 19____ Registrar _____

DEC 13 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 10-32

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1922, to Dec 11, 1932,

that I last saw her alive on Dec 11, 1932

and that death occurred, on the date stated above, at 8 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) Hemorrhages from Uterus

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) B. F. French M.D.

Dec 11, 1932 (Address) 1349 Arcadia Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cem.

DATE OF BURIAL: Dec. 13 1932

20 UNDERTAKER: Margaret L. Flynn

ADDRESS: 1422 Light St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-0

E 85385

E 85385 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIV. HOSP. Street 30 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jobez Powell

(a) Residence: No. East Main St Westminster Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT H Barnhart

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Dec 15, 1932

19. UNDERTAKER H Barnhart & Son

(Address) Westminster Md

20. FILED DEC 13 1932 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-1-32, 19 ... to 12-13-, 1932

I last saw h... alive on 12-13-, 1932 Death is said to have occurred on the date stated above, at 1110 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	
URAEMIA.	

Other contributory causes of importance:

CHRONIC NEPHRITIS
VESICO RECTAL FISTULA
BENIGN ADENOMA OF PROSTATE

Name of operation CYSTOTOMY SUPERPUBIC Date of 12-7-32

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R Richard Swift, M. D.

(Address) Univ. Hosp.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85386 E 85386

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 N. Chester Street St.) (8-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 7 mos. 16 ds. How long in U.S. If of foreign birth? ... yrs ... mos. ... ds.

2. FULL NAME Barbara Brauer

(a) Residence: No. 1602 N. Chester Street St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Brauer

6. DATE OF BIRTH (month, day, year) April 26, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
72	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME George Hebner

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Stahl

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. John Brauer
(Address) 1602 N. Chester Street

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date 12-14- 19 32

19. UNDERTAKER Albert I. Nuttle
(Address) 1606 N. Chester Street

DEC 13 1932 Huntington Williams, M.D. Registrar

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1932 to December 11, 1932

I last saw her alive on December 11, 1932 death is said to have occurred on the date stated above, at 1.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	12/30
Arterial Hypertension	12/30
Senile Arteriosclerosis	12/20

Other contributory causes of importance:

Apoplexy	10/29/32
Uremia	12/11/32

Name of operation — Date of

What test confirmed diagnosis? Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) 1025 E. North Ave. M. D.

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85387

CERTIFICATE OF DEATH

E 85387

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH Dead on arrival

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 13-52 Ward)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel B. Lennan

(a) Residence: No. 600 W. 38th St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 28/1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Samuel C. Lennan

14. BIRTHPLACE (city or town) (State or country) Maine.

MOTHER

15. MAIDEN NAME Sarah A. Kennard

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Mrs. Anna J. Miller

(Address) [illegible] Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Lyonsmount Cem. Date Dec. 14, 1932

19. UNDERTAKER Geo. E. Miller & Son

(Address) 2334 Eutaw Pl.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 9.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: General Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

Coroner

(Address) 508 E Fayette

EC 13 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85388

CERTIFICATE OF DEATH

51

E 85388

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 E. Jefferson St. St., 7-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Detken

(a) Residence: No. 2602 E. Jefferson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) 0 4 0

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frederick C. Detken

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Valrath

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Agnes C. Holzer
(Address) 2602 E. Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date Dec. 14, 1932

19. UNDERTAKER L. Meyer & Son
(Address) 2334 Jefferson St.

DEC 13 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 32, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1932, to Dec 12 32

I last saw him alive on Dec 12 - 32, 19 Death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	

Other contributory causes of importance:

none

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Hartmann, M. D.

(Address) 2213 E. Baltimore St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85389 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-101 E 85389

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at Santa Fe Gen Hospital

CITY OF BALTIMORE: (No.) St., 24 Ward) 33

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Joseph Dunphy

(a) Residence: No. 211 E. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~last~~ WIFE of Mary C. Dunphy

6. DATE OF BIRTH (month, day, year) Dec 27th 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Street Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Liverpool England

FATHER

13. NAME James Dunphy

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mary C. Dunphy
(Address) 211 E. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place U. S. National Date Dec 14th 1932

19. UNDERTAKER Wm Rock
(Address) 1217 E Paul St Huntington Terrace, Md.

20. FILED DEC 13 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1932

22. I HEREBY CERTIFY, That I attended deceased from injury 19 to 19

I last saw him alive on injury 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed chest	
Ruptured lungs	12/11/32
Other contributory causes of importance:	
Automobile accident	14/11/32

Name of operation none Date of ✓

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/11/1932

Where did injury occur? Russell St Viaduct Westport
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by automobile

Nature of injury Crushing chest & two trucks

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Carey M. D.
Coroner

(Address) 2200 E. Madison St.

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85390 E 85390

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Maryland Ave Ward 17-5)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella C. Thompson

(a) Residence: No. 2611 Maryland Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Henry S. Thompson

6. DATE OF BIRTH (month, day, year) Apr 29th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Geo F. Tridelle

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Phebus M. Thomas

16. BIRTHPLACE (city or town) Harford Co (State or country) Md

17. INFORMANT Jessie E. Thompson

(Address) 2611 Md Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 14th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... Registrar.

DEC 13 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1 1932 to Dec 12 1932

I last saw ... alive on Dec 12 1932 Death is said to have occurred on the date stated above, at 6.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left mamma with metastasis to abdominal viscera	May 1931

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) James L. Ackhurst M. D.

(Address) 1302 Park Heights Ave Balto

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85391

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85391

CERTIFICATE OF DEATH

93-883

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N. Broadway Ward 17)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME H. Horace Green

(a) Residence: No. 1817 N. Broadway Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Effie Green

6. DATE OF BIRTH (month, day, year) (Unknown) 2 (Unknown) 2 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	2 (Unknown)	2 (Unknown)	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. T. Locke Co

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Horace A. Green

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary C. Hannaway

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wilford S. Green

(Address) 2944 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross, Harford Rd Date Dec 14th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams M.D. Registrar

DEC 13 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932 to Dec 12th, 1932

I last saw him alive on Dec 10, 1932 Death is said to have occurred on the date stated above, at 6 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec 9
Other contributory causes of importance: Chronic myocarditis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical evidence Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Geo. B. Seybert, M. D.

(Address) 2802 Harford Ave.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85392 E 85392

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 107-001

CITY OF BALTIMORE: (No. Balto Md 44-20 St. Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Murray

(a) Residence: No. 1504 Division St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Nov. 13/58

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Thomas Murray

14. BIRTHPLACE (city or town) (State or country) Carrollton Md

MOTHER

15. MAIDEN NAME Julia Pennington

16. BIRTHPLACE (city or town) (State or country) Cary Fredk Md

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [redacted] Date 12/14/ 1932

19. UNDERTAKER Mgr. Geo. A. Hoffman Co

(Address) 16 S. Eutaw St

Huntington Williams, M.D.

DEC 13 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1932 to 12-17 1932

I last saw h[illegible] alive on 12-17 1932 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-5-32
Arteriosclerosis	?

(Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-17-32 (Signed) Elmer H. Feldmeyer M. D.

(Address) Balto. City Hospitals

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 85393

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85393

CERTIFICATE OF DEATH

11-001

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1627 Saratoga ST. 14-76 WARD)

2—FULL NAME Mable Harris

(a) RESIDENCE NO. 1627 Saratoga St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Aug 15, 1902

7 AGE — Years: 30 | Months: 3 | Days: 26 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: laundry work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: John R. Harris

11 BIRTHPLACE OF FATHER (city or town) (State or country): Essex Virginia

12 MAIDEN NAME OF MOTHER: Hattie Bonds

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Inigoes Co. Maryland

14 Informant: Annie Harris

(Address): 1627 Saratoga St

15 Filed: Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-11-32

17

I HEREBY CERTIFY, That I attended deceased from 12-6, 1932, to 12-11, 1932

that I last saw her alive on 12-11, 1932

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary): Bronchopneumonia

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? physical signs & symptoms

(Signed) John E. S. Campler, M. D.

, 19 (Address) 1119 N. Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery

DATE OF BURIAL: 12/14 1932

20 UNDERTAKER: 322 N. Schroeder

ADDRESS: Mrs Kate R Williams

EC 13 1932

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85394

CERTIFICATE OF DEATH

E 85394

82-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 704 Redwood St. 4-39 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Scott

(a) Residence: No. 704 Redwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Scott

6. DATE OF BIRTH (month, day, year): 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer 040

10. Date deceased last worked at this occupation (month and year): 6

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Albert Scott

14. BIRTHPLACE (city or town) (State or country): South, Md

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: Sarah Scott
(Address): 704 Redwood

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: 12/14, 1932

19. UNDERTAKER: Mrs Katie R Williams
(Address): 322 N. Schroeder St

20. FILED: DEC 13 1932, 19—
Registrar: C. O. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1932 to Dec 12, 1932

I last saw him alive on Dec 12, 1932. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	Nov 12 1932

Other contributory causes of importance:

Arterial Hemorrhage	Nov 12 1932

Name of operation: None Date of: —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles H. Thomas, M. D.

(Address) 712 S. Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268

E 85395

E 85395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 50 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Maternal Hospital Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Temporary

(a) Residence: No. 347 Ilchester Ave St., —— Ward. ——
(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	——

5a. If married, widowed, or divorced
HUSBAND of —— (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) 12/10/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.
		1 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Mercy Maternal Hospital Balto City

FATHER

13. NAME George Temporary

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Ina Boodge

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs May Rutledge
(Address) 347 Ilchester Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Dec 14th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

DEC 14 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/10/32, 1932, to Dec 12, 1932

I last saw h[illegible] alive on Dec 12, 1932 Death is said to have occurred on the date stated above, at 8:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity infant of day (wt 2 lbs)	
Months with atelectasis	
Other contributory causes of importance:	
Prematurity infant	

Name of operation —— Date of ——

What test confirmed diagnosis? —— Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Spec.—1-30—M. & T.—250 Blks

E 85396

E 85396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

148

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6300 Belloma St. 27-46 Ward

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella J. Harrington

(a) RESIDENCE No. 6305 Belloma Av St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of: John R. Harrington

6 DATE OF BIRTH (month, day, and year): Jan 7-1864

7 AGE: Years 68 | Months 11 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Invalid

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto City

PARENTS

10 NAME OF FATHER: John Marshall

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Co.

12 MAIDEN NAME OF MOTHER: Not Known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Co Not Known

14 Informant (Address): William R. Marshall 3814 Ridgewood Ave

15 Filed DEC 14 1932 Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-12-32

17 I HEREBY CERTIFY, That I attended deceased from ~~Sept.~~ ....., 1930, to Dec. 12, 1932,

that I last saw h.. alive on Dec. 12, 1932,

and that death occurred, on the date stated above, at 3:30 P m.

The CAUSE OF DEATH* was as follows:

Uterine Carcinoma

Years

(duration) 2 yrs. ....mos ....ds.

CONTRIBUTORY (Secondary) Gen Carcinomata

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. C. Harris, M. D.

Dec 12, 1932 (Address) 5660 York Rd Baltimore Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park | DATE OF BURIAL: Dec 14-32

20 UNDERTAKER: A. S. Marshall | ADDRESS: 3539 Fall Rd

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-H 2508

E 85397

E 85397 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 N Highland Ave St., Ward) 2

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julianna Schneider

(a) Residence No. 100 N Highland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles Schneider

6. DATE OF BIRTH (month, day, year): May 27 - 1851

7. AGE: Years: 81 | Months: 6 | Days: 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME:
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr Herman Engrath
(Address) 100 N Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mount Carmel Date: Dec 15 1932

19. UNDERTAKER: [illegible] Stinchcomb
(Address) 1216 E Fayette Ave

DEC 14 1932 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1932, to Dec 13, 1932; last saw her alive on Dec 13, 1932; death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis and Myocarditis	
Other contributory causes of importance:	
Senile Debility	

Name of operation: No Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) 301 S Edward St

N. B.—WRITE PLAINLY, with pen and ink. AGE should be carefully supplied. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 85398

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85398

CERTIFICATE OF DEATH

√97

REGISTERED NO. 23-34

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 50 E. Randall St. (ST.) (WARD)

2-FULL NAME Lawrence L. Nagel.

(a) RESIDENCE NO. 50 E. Randall St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Louisa Nagel.

6 DATE OF BIRTH (month, day, and year) October 2, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	2	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer. do
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Henry Nagel.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Annie Wagner. (daughter)
(Address) 50 E. Randall St.

15 Filed DEC 14 1932, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 11, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis.
Pulmonary Hemorrhage.

(duration) yrs. mos da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

12/12/32, 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL 12/14 1932

20 UNDERTAKER J. F. McCully

ADDRESS 130 E. Fort

Spec.—9-30—A. & Co.—250 lbks.

E 85399 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85399

CERTIFICATE OF DEATH.

REGISTERED NO. 23

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 109 N. Carrollton, S. 8-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Samuel James

(a) RESIDENCE NO. 109 N. Carrollton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Sudsell James

6 DATE OF BIRTH (month, day, and year) 9-18-1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	2	23	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Mechanic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Darlington S. C.

PARENTS

10 NAME OF FATHER Anderson James

11 BIRTHPLACE OF FATHER (city or town) Darlington (State or country) So. Carolina

12 MAIDEN NAME OF MOTHER Dora Hawkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Darlington, S. C.

14 Informant Sudell James (Address) 109 N. Carrollton Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11-32

17

I HEREBY CERTIFY. That I attended deceased from Nov 5, 1932 to Dec 11, 1932 that I last saw h alive on Dec 10, 1932 and that death occurred, on the date stated above, at 6A m.

The CAUSE OF DEATH* was as follows:

Acute Pneumonia, Phthisis

(duration) yrs. 1 mos. 6 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. N. Hatcher M. D.

Dec 17 1932 (Address) 1725 Pa Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem DATE OF BURIAL 12/14 1932

20 UNDERTAKER Chas G. Cooper ADDRESS 514 N. Calhoun St.

Huntington Nat'l Bank

DEC 22 1932

N. B.—Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should take CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

E 85400 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85400

CERTIFICATE OF DEATH

J 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 S. Monroe St. 19-28 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Mary Koch

(a) Residence: No. 517 S. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Christian Koch

6. DATE OF BIRTH (month, day, year): June 6th 1865

7. AGE: Years 67 | Months 6 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mary Henkel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Louis Roland

(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 12/15/ 1928

19. UNDERTAKER: F. P. Kellett

(Address) 1850 W. Baltimore St.

20. FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/13/ 1928

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ Dec. 13th 1928 and on inquiry ... 19 ... I last saw ~~him~~ her alive on the 2nd ... 19 ... Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset: Suddenly

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

12/14/28 (Signed) Guy H. Cromwell M. D. Coroner

(Address) 203 Walpole Lane, Govans

information should be carefully supplied. Age, name, and residence must be stated. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85401
M. D. B. 1269

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85401

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S. Catherine St., 7 Ward)

Registered No. 72-59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. Edmund Weber

(a) Residence: No. 200 S. Catherine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Ottilie A. Schafer

6. DATE OF BIRTH (month, day, year) Mar 25. 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Farmer~~ Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Henry Weber

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Raymond

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ottilie Weber

(Address) 200 S. Catherine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/15/1932

19. UNDERTAKER F. D. Wilmot

(Address) 1850 W. Baltimore St.

20. FILED DEC 14 1932 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12/1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 - 1932 to Dec. 12 1932

I last saw h[illegible] alive on Dec. 12 1932 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Disseminated Tuberculosis	?
Other contributory causes of importance	
Pulmonary Edema	Dec 12

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Grossman M. D.

(Address) 1681 Madison Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85402

CERTIFICATE OF DEATH

E 85402

87-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Linden Ave St., ... Ward)

Length of residence in city or town where death occurred: 58 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard A Gilchrist

(a) Residence: No. 1734 Linden Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Binder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lucas Bros. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Gilchrist

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Cecelia Cannigan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Michael J. Gilchrist

(Address) 2104 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec. 15 1932

19. UNDERTAKER Wm. J. Fickus & Sons

(Address) Noble & Fremont Aves.

20. FILED DEC 14 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1932 to Dec 13 1932

I last saw h... alive on Dec 4 1932 Death is said to have occurred on the date stated above, at 2.55a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 8

Other contributory causes of Importance:

Apoplexy

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J M Lamperin M. D.

(Address) 34 of E Lanvale St

information should be carefully supplied. Age should be stated in every case. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85403

CERTIFICATE OF DEATH

E 85403

144-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? 17 yrs. ... mos. ... ds.

2. FULL NAME Dorothy Dougherty

(a) Residence: No. 57 Kenilworth Rd St., ... Ward. Dundalk, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of married

6. DATE OF BIRTH (month, day, year) Sept 27 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Francis P. MacDonald

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Ethel Stock

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT John Dougherty (Address) 57 Kenilworth Road

18. BURIAL, CREMATION, OR REMOVAL Place Johnstown Pa Date Dec 17 1932

19. UNDERTAKER John Ullrich (Address) 2222 Pleasant Avenue Huntingtown Williams, Md.

20. FILED DEC 14 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1932, to Dec. 12, 1932

I last saw h.e.r alive on Dec 12, 1932 Death is said to have occurred on the date stated above, at 7:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post partum hemorrage	12/12/32
Post partum shock	12/12/32

Other contributory causes of importance:

Secondary Anemia	?
Prolonged labor	12/10/32

Name of operation Mid forceps + episiotomy Date of 12/12/32

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Edward W. Warren, M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. If unknown, approximate. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85404 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85404

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Fleet street St. D-4 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? 40 yrs. .... mos. .... ds.

2. FULL NAME Josephine Kasprzak

(a) Residence: No. 1915 Fleet Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
~~HUSBAND of~~
WIFE of Stanislaw Kasprzak

6. DATE OF BIRTH (month, day, year) 1866

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or ....min.
66			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Joseph Stacharowski
14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stanislaw Kasprzak
(Address) 1915 Fleet street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cmty Date Dec 16 1932

19. UNDERTAKER George A. Weber
(Address) 705 S Ann street

20. FILED ..... 1932 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/6/32, 19.... to Dec 13/32 19....
I last saw her alive on 12/12/32, 19.... Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Arteriosclerosis	
Gangrene of Extremities	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? PS Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Daniel D Fisher M. D.
(Address) 3166 Patterson

N. B.—WHITE PAPER, when only such information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85405

HEALTH DEPARTMENT—CITY OF BALTIMORE E 85405

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 S. Port St. St. 1-3 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

Life

2. FULL NAME William R. Lanehardt

(a) Residence: No. 714 S. Port St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Lanehardt

6. DATE OF BIRTH (month, day, year) December 21, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 15 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Lanehardt

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Mabel Decelius (Daughter)

(Address) 714 S. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Dec. 17, 1932

19. UNDERTAKER Henry Sander & Sons, Inc. Geo. F. Sander.

(Address) Baltimore St. & Broadway.

20. FILED DEC 19 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1932 to Dec. 13, 1932

I last saw him alive on Dec. 13, 1932 Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia and Dilitation of the heart.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis P.S.P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John J. Kruger M. D.

(Address) 2027 E. Baltimore

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

85406

HEALTH DEPARTMENT—CITY OF BALTIMORE

85406

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Little Sisters of the p... St., 10-14 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Catherine O'Connor

(a) Residence: No. 200 Valley St. St., ...Ward.
(Usual place of abode) Baltimore Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Tim. O'Connor

6. DATE OF BIRTH (month, day, year) Oct. 1854.

7. AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	78	2	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME James McWilliams

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Catherine Cohen

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Sister Stanislas Supt.
(Address) The Sisters of the Poor 200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross (Harford Rd.) Date Dec. 15, 1932

19. UNDERTAKER Henry Sander & Sons Inc.
(Address) Baltimore North Broadway.

20. FILED ....19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 13 Dec. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1932, to Dec 13, 1932

I last saw her alive on Dec 12, 1932 death is said to have occurred on the date stated above, at 8.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	
Acute Sclerosis	8 or 5 a.m.

Other contributory causes of importance:

Cystitis

Name of operation ..... Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? ....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. M. Cochran, M. D.

(Address) 111 E. Lexington

DEC 14 1932

M. D. B. 1268-9

E 85407

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85407

CERTIFICATE OF DEATH

13-59 V 92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Newington Ave. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Greenbaum

(a) Residence: No. 819 Newington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie W. Greenbaum

6. DATE OF BIRTH (month, day, year) Jany. 27, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Haberdashery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Emanuel Greenbaum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hattie Stern

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Rosenthal

(Address) 819 New ington Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Oheb Shalom Cem. Date Dec.15, 1932

19. UNDERTAKER Sard Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED DEC 14 1932 by 1st from Williams N.C.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.13, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Mohrstadt, M. D. Coroner

(Address) 3632 Roland Ave.

Information should be carefully supplied. Note should be taken that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

E 85408 2-1309 Ed.

HEALTH DEPARTMENT—CITY OF BALTIMORE B5408

CERTIFICATE OF DEATH XV107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 9-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 16 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harold Thompson

(a) Residence: No. Edgewood Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Child.

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 2 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5 1/2	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Howard Thompson
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Baker
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hartsburn Date Dec 15 1932

19. UNDERTAKER M. E. Dipple Inc
(Address) 39 S. Ann St.
Huntington Avenue N.Y.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1932, to Dec 13, 1932

I last saw her alive on Dec 13, 1932. Death is said to have occurred on the date stated above, at 12:00 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis	Nov 27 1932

Other contributory causes of importance:

Lung Abscesses -	Dec 9
Mastoids	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Ann E. Kuttner M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK. The information given must be complete. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C01 91330

Cor.--10-10-29--A Co.--100 Bks.

E 85409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85409

REGISTERED NO. 78-001

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 2611 Woodbrook St. 45-68 Ward

2-FULL NAME Richard McSherry Horsey

(a) RESIDENCE No. Clarendon Rd Sudbrook Park St., Ward Balto Co.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Horse

6 DATE OF BIRTH (month, day, and year) 2/13/93

7 AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	59	9 70	2 3 0	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Plumbing Supplies
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto Co Md
(State or country)

PARENTS

10 NAME OF FATHER G. H. Horsey

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Henrietta Smith

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md

14 Informant Frank A. Horsey
(Address) Balto Co Md

15 Filed ..... Huntington Williams
Registrar

DEC 14 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH was as follows:

Coronary Thrombosis
(Accidental)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? In Emergency Office

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John H. Mc... M. D.

12/14 1932 (Address) 3632 Roland...

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	12/16 1932
20 UNDERTAKER	ADDRESS
Frank A. Purrell	Pikesville Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY.' PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

85410 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85410

CERTIFICATE OF DEATH

97-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Little Sisters of the Poor 10-14

CITY OF BALTIMORE: (No. 1200 Valley St. St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Healane

(a) Residence: No. 1200 Valley St., ... Ward. .....
(Usual place of abode) Baltimore (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of +

6. DATE OF BIRTH (month, day, year) 1851 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
81			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Healane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sister Stanislaus 1200 Valley St
(Address) Little Sisters of the Poor - Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Bonnie Brae Date 12/15/32 19

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1932, to Dec 13 1932

I last saw him alive on Dec 12 1932 death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	10:30 a.m.
Arteriosclerosis	

Other contributory causes of importance:

Asthma	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Fitzgerald, M. D.

(Address) 111 E. Lanvale St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEPARTMENT

M. D. H. 1249-9

E 85411

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85411

CERTIFICATE OF DEATH

v 26

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 N. Port St. 7-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Marie Ochse

(a) Residence: No. 706 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 22/03

7. AGE: Years 29 | Months 10 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME John M. Ochse

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Barbara Schafer

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Barbara Ochse

(Address) 706 N. Port

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12/16/32

19. UNDERTAKER Phil. Stenger

(Address) 2016 Orleans St

20. FILED Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13/32

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to Dec 13, 1932

I last saw h alive on Dec 13, 1932 Death is said to have occurred on the date stated above, at 4A, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	
Tuberculosis	1931
Other contributory causes of importance:	
Portal Thrombosis	1931

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

12/14/32 (Signed) [illegible] M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1788-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85412

85412

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St. 24-33 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 22 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barrington F. Toyer

(a) Residence: No. 814 William St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 21 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	1	7 weeks 2 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Francis Toyer

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Catherine Dawson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Francis Toyer

(Address) 814 William St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Dec. 15, 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED DEC 14 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1932 to Dec 13, 1932

I last saw him alive on Dec 13, 1932 Death is said to have occurred on the date stated above, at 7:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 9

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Goodwin Goodwin M. D.

(Address) Mercy Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--2-29-28--L. F. S.--500 Bks.

E 85413 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85413

CERTIFICATE OF DEATH 51

1--PLACE OF DEATH: Maryland General Hospital REGISTERED NO.

CITY OF BALTIMORE: (No. ST., 20-37 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Isabelle Bahamon

(a) RESIDENCE NO. 1931 N. Macksey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1854

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Warren D. Stewart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Hospital Records

(Address) Maryland Gen. Hospital

15 Filed DEC 14 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-12-32

17 I HEREBY CERTIFY, That I attended deceased from 11-26-, 1932, to 12-12, 1932, that I last saw h-r alive on 12-12, 1932 and that death occurred, on the date stated above, at 4 45 p. m.

The CAUSE OF DEATH* was as follows:

Hypertrophic arthritis
Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. H. Cruse M.D.

, 19 (Address) Md. General Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Mt. Olivet Cemetery

DATE OF BURIAL Dec 15 1932

20 UNDERTAKER Harry A. Amacost & Son

ADDRESS 4204 Ridgewood Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85414

CERTIFICATE OF DEATH

E 85414

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 4-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Schwaninger

(a) Residence: No. 225 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence Schwaninger

6. DATE OF BIRTH (month, day, year) Oct 10/1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Keston, Md.

FATHER

13. NAME Henry Clay Harrinfton

14. BIRTHPLACE (city or town) (State or country) Tunis Mills, Md.

MOTHER

15. MAIDEN NAME Sarah Redman

16. BIRTHPLACE (city or town) (State or country) Easton, Md

17. INFORMANT Church Home Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/15/32

19. UNDERTAKER Geo L. Bayer Jr
(Address) 451 W Fayette St

20. FILED DEC 14 1932 Lexington Funeral Home, Inc
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 9.50 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 8/3

Other contributory causes of importance:

Pregnancy 4 mons	
Spontaneous Abortion	
in Hospital	Dec 11/

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85415

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp (St.) 17-26 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Hoy

(a) Residence: No. 708 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elijah Hoy.

6. DATE OF BIRTH (month, day, year): 1874

7. AGE: Years 58; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ky.

FATHER

13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country): Unk

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: Elijah Hoy

(Address): 708 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place: National Date: Dec 15, 19 32

19. UNDERTAKER: James Stayer

(Address): 1242 Pennsylvania Ave

20. FILED: DEC 14 1932 Huntington Pittsville, Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 12th, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 19 32 to Dec 12, 19 32

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Brink M. D.
Coroner

(Address) Pittsville

M. D. H. 1268-9

E 85416 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85416

93-603

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 N Calvert St. 12-50 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Oliver Butler

(a) Residence: No. 2707 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 22 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georges Md

FATHER

13. NAME Edward Thomas Butler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Maria Louise Sparks

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Oliver Butler Son

(Address) 2707 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Date Dec 15 1932

19. UNDERTAKER George J Smith

(Address) 1532 Hollins St

20. FILED Dec 15 1932 Registrar.

141932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13/1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1932 to Dec 13 1932

I last saw him alive on Dec 13 1932 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Acute Cardiac Dilatation	12-13-32

Other contributory causes of importance:

Myocarditis	Dec 6.

Name of operation None Date of

What test confirmed diagnosis? Autopsy? Was there an

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) John A Evans M. D.

(Address) 612 N 40 St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 85417

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85417

178-004

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial 1012 52 WARD)

2-FULL NAME Lawrence Scott Fowble

(a) RESIDENCE No 1230 W 37th St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annabelle Fowble

6 DATE OF BIRTH (month, day, and year) Dec 6 1891

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER Wm. A. Fowble

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER Jennie E. Bambley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) md.

14 Informant Annabelle Fowble
(Address) 1230 W 37th St.

15 Filed 4 1932, 19.. Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/13 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carbon Monoxide Gas
(Accidental)
(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ....

Did an operation precede death? ... Date of ....

Was there an autopsy? ....

What test confirmed diagnosis? ....

(Signed) John Mousser, M. D. Coroner

, 19.. (Address) 632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Dec 16, 1932

20 UNDERTAKER Chenoweth Bros

ADDRESS 36 N Charles Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85418

CERTIFICATE OF DEATH

v 23

E 85418

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Parrish St., 16-23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Roberts

(a) Residence: No. 914 Parrish St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or WIFE of) Lilian Roberts

6. DATE OF BIRTH (month, day, year) [illegible] 1837

7. AGE: Years 95 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Railway

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible] Georgia

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) [illegible] Georgia

17. INFORMANT Mattie Roberts

(Address) 914 N. Parrish St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Dec 15, 1932

19. UNDERTAKER Thomas E. Kelson

(Address) 1302 Eastman St. Huntington Williams, N.Y.

20. FILED 19... D.R.C.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1932 to Dec 12, 1932

I last saw ~~him~~ alive on Dec 12, 1932 Death is said to have occurred on the date stated above, at 9.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank E. Hagan M. D.

(Address) 628 Lafayette

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 14 1932

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85419 E 85419

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 4-20 23 Registered No.

CITY OF BALTIMORE: (No. ... St. ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Colbert

(a) Residence: No. 604 Smithson st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6, 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Kitchen work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Colbert

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Irene Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date Dec, 16 1932

19. UNDERTAKER Thomas E. Kelan
(Address) 1363 Pennsylvania ave. Huntington Williams, W. Va.

20. FILED DEC 14 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1932 to Dec. 13 1932

I last saw him alive on Dec. 13 1932 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 1931
Tuberculous Laryngitis.	July 1932
Otitis media, left, with perforated Tympanic membrane	July 1932
Bells Palsy	hours 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Bennett A. Stein M. D.
(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85420

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85420

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Latuto

(a) Residence: No. 141 No. Front St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Marie Latuto

6. DATE OF BIRTH (month, day, year) Nov. 27, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
39		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Pick-Shovel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Carmen Latuto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosarita Ritz

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Marie Latuto

(Address) 141 No. Front St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12/15 1932

19. UNDERTAKER Jos. Crook Est.

(Address) 1419 Eastern Ave.

20. FILED DEC 14 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13. 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 1932 to Dec. 13 1932

I last saw h.. alive on Dec. 13 1932 Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysphalgia Aortitis	1930
Other contributory causes of importance: Pulmonary Edema	Nov 1932
Pericardial effusion	

Name of operation ..... Date of .....

What test confirmed diagnosis: clinical Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred In Industry, In home, or In public place University Hospital

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) William E. Brown M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85421

Registered No. 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6527 Cleveland St. 26-36 (Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Clement Weimer

(a) Residence: No. 6527 Cleveland St., Ward. Dundalk
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) ~~WIFE~~ of Gwendolyn Weimer

6. DATE OF BIRTH (month, day, year) Mar 15th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Smythin Penna

FATHER

13. NAME Clement Weimer

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Margaret Mickey

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs Clement Weimer
(Address) 6527 Cleveland St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 12/16, 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette st.

20. FILED 12/16/1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th, 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 1230 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Peterson M D Coroner, M. D.

(Address) 1305 E Fallsway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85422

CERTIFICATE OF DEATH

E 85422

1. PLACE OF DEATH Caton & Fulton Ave

CITY OF BALTIMORE: (No. St Agnes Hospital St., Ward)

Registered No. 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Frank J Clark

(a) Residence: No. 229 S. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 6th 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Francis Clark

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary T. Noun

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary T. Clark

(Address) 229 S. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. National Date Dec 16th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

EC 14 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-9- 1932 to 12-13 1932

I last saw him alive on 12-13 1932 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	
T B Peritonitis (Dx not confirmed by autopsy)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Alfred Warfield, M. D.

(Address) St. Agnes Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85423

CERTIFICATE OF DEATH

E 85423

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3705 Boarman Ave. Ward 15-6)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes F. Lilly

(a) Residence: No. 3705 Boarman Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Robert T. Lilly

6. DATE OF BIRTH (month, day, year): Feb. 6-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Harford Co. Md

FATHER

13. NAME: Benjamin Barnes

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sarah Jones

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs. N. K. Davis
(Address): 3705 Boarman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Dec. 15-1932

19. UNDERTAKER: Horace F. Burgee
(Address): 3631 Falls Road

Huntington Williams
Registrar.

EC 14 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 13-1932

22. I HEREBY CERTIFY, That I attended deceased from June 18 1932, to Dec 13 1932

I last saw h... alive on Dec 12 1932. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture L. Hip	11-02

Other contributory causes of importance:

Myocarditis

Name of operation: None Date of:

Was there confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury ... 1932

Where did injury occur? At own home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: In home

Means of Injury: Fell to floor from bed

Nature of Injury: Fracture L hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Myocarditis → M. D.

(Address) 846 W 40 St

Spec.—2-29-28—L. F. S.—500 Bks.

E 85424

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85424

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH Maryland General Hospital

REGISTERED NO. 1561

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ ST., ____ WARD)

2—FULL NAME William A. Mork

(a) RESIDENCE NO. 21 N. Balto. ST., Res. 2956 Clifton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 6 mos. 12 ds. How long in U. S., if foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Emma C. Mork

6 DATE OF BIRTH (month, day, and year) June 1, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	60	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of Industry, business, or establishment in which employed (or employer) 06

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. (State or country) Md.

PARENTS

10 NAME OF FATHER John Wm Mork

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Veronica Amstein

13 BIRTHPLACE OF MOTHER (city or town) ____ (State or country) Germany

14 Informant Hospital Records

(Address) Maryland Gen. Hospital

15 Filed ____, 19 ____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-13-32

17 I HEREBY CERTIFY, That I attended deceased from 12-4, 1932, to 12-13, 1932, that I last saw h alive on 12-13, 1932, and that death occurred, on the date stated above, at 12 ST P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis with Hypertrophy & Dilatation

Chronic Nephritis

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Uraemia & Pulmonary Edema (duration) ____ yrs. ____ mos. 1 ds.

18 Where was disease contracted if not at place of death? ____

Did an operation precede death? No Date of ____

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) F. C. Happee, M. D.

12/13, 1932 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemty. DATE OF BURIAL 12/16, 1932.

20 UNDERTAKER Harry A. Mitzel ADDRESS 4161 Edmondson Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 13 1932

A&Co. 5-11-250B

E 85425 Philomena Suwalski

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85425

CERTIFICATE OF DEATH

V 49

1. PLACE OF DEATH

Registered No. 19-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bon Secours Hosp St. 2 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philomena Suwalski

(a) Residence: No. 1511 W. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr. Stephen J. Suwalski

6. DATE OF BIRTH (month, day, year) Dec. 28, 1852.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
79	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland

FATHER

13. NAME Carolus Boromea R-Dulje

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Helen LeBlank

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Miss Marie Suwalski
(Address) 1511 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date 12/17/32 19

19. UNDERTAKER Harry H. Leitz & Co.
(Address) 4101 Edmondson Ave.

20. FILED DEC 19 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14-32 V, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-6-32 V, 19 to 12-14-32 V, 19

I last saw her alive on 12-14-32 V, 19 death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovaries	1930(?)
Other contributory causes of importance:	
Generalized Carcinomatosis	1932 V
Ascites	1932 V

Name of operation Abd. Paracentesis Date of 12-7-32 V

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) R. W. Donlevy, M. D.

(Address) Bon Secours Hosp.

INSTRUCTIONS: Fill in all items, with CAUTION and ACCURACY. This is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

I-80—M. & T.—100 B—50L

85426

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85426

CERTIFICATE OF DEATH

✓183

1-PLACE OF DEATH Boston Iron & Metal Co.

CITY OF BALTIMORE: (No.) Foot of Benhill St. ST. 24-33 WARD

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Emidio Di Girolamo. (Little)

(a) RESIDENCE NO 113 E. Cross St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 27 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? 27 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of Marie Di Girolamo

6 DATE OF BIRTH (month, day, and year) June 7, 1903

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stationary Engineer.

(b) General nature of industry, business, or establishment in which employed (or employer) 030

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Italy.

PARENTS

10 NAME OF FATHER Antonio Di Girolamo.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy.

12 MAIDEN NAME OF MOTHER Maria A. Fannacito.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy.

14 Informant Marie Di Girolamo. (wife)

(Address) 113 E. Cross St.

15 Filed DEC 15 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) December 12, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Accidental Drowning.

Drown overboard with the over-turning of a crane.

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

12/14/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cemetery

DATE OF BURIAL 12/15 1932

20 UNDERTAKER Harry N. Leitzke

ADDRESS 4101 Edmondson Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1-30 M & T 100M—50L

E 85427

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85427

CERTIFICATE OF DEATH

62-001

1-PLACE OF DEATH On Pennsylvania train between Washington & Baltimore

REGISTERED NO. .....

(If death occurred in a hospital or Institution, give its NAME Instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. ..... ST., ... WARD)

2-FULL NAME Clarence B. O'Neal

(a) RESIDENCE No 4818 N. Snydenhan ST., ... WARD .....
(Usual place of abode) Philadelphia, Pa.
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie O. O'Neal

6 DATE OF BIRTH (month, day, and year) June 27, 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Bagage master
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Pennsylvania Railroad

9 BIRTHPLACE (city or town)
(State or country) Delaware

PARENTS

10 NAME OF FATHER James B. O'Neal

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Delaware

12 MAIDEN NAME OF MOTHER Eliza A. ----

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Delaware

14 Informant Mrs Carrie O. O'Neal
(Address) 4818 N. Snydenhan St. Phila.

15 Filed DEC 15 1932, 19.. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) ..... M. D.
Coroner

12/15/32 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Philadelphia, Pa.	Dec. 15, 1932

20 UNDERTAKER E. Leroy Stiffler, Inc. ADDRESS 25E. North Ave.

M. D. H. 1268-9

E 85428 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85428

CERTIFICATE OF DEATH

1. PLACE OF DEATH Providence Hospital — Registered No. 108

CITY OF BALTIMORE: (No. 1514 Division St. 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 10 yrs. ... mos. ... ds.

2. FULL NAME Frank Ford

(a) Residence: No. 1533 Jefferson St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosana Ford

6. DATE OF BIRTH (month, day, year) 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portugal

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rosana Ford

(Address) 1533 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 15 1932

19. UNDERTAKER Joseph A Lively

(Address) 1419 W. Mount St

20. FILED DEC 15 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-8 1932 to 12-11 1932

I last saw him alive on 12-11 1932. Death is said to have occurred on the date stated above, at 8.33 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-8-32
Other **contributory causes** of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. Harris M. D.

(Address) Providence Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1265-9

Lane

85429 HEALTH DEPARTMENT—CITY OF BALTIMORE 85429

CERTIFICATE OF DEATH

157-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elsworth Nathaniel Lane

(a) Residence: No. 810 S Street Sparrows Point St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): Dec 29 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Joseph Lane

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Laura Bryan

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: James A Lane

(Address) 810 Ethel Sparrows Point Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lion Cem Date Dec 15 1932

19. UNDERTAKER: Joseph A Sivels

(Address) 4091 Mount Street

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-30 1932 to 12-13 1932

I last saw him alive on 12-13 1932 Death is said to have occurred on the date stated above, at 3 25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyloric Stenosis	

Other contributory causes of Importance:

Name of operation: none Date of:

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify.

(Signed) W B Bullock M. D.

(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 19 1932

M. D. B. 1268-9

E 85430

HEALTH DEPARTMENT—CITY OF BALTIMORE E 85430

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-54 Ward) Registered No. 4181

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Albrecht

(a) Residence: No. 207 Whitelock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie nee Gerber

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Froien Albrecht

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Gross

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Gross
(Address) 33 Dean St Brooklyn N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Dec 15. 1932

19. UNDERTAKER [illegible]
(Address) 1[illegible] E Baltimore

20. FILED DEC 13 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Terminal)	12/7/32

Other contributory causes of importance:

Toxemia due to burns over body	Nov 10/32

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, Homicide or Suicide? Date of injury Nov 1 19 32

Where did injury occur? basement of home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Clothes caught fire- cleaning paint brushes with gasoline

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 5086 Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85431

CERTIFICATE OF DEATH

107-001

B 85431
Registered No.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH
CITY OF BALTIMORE. (No.) Provident Hosp. St., 18-No. (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jas W. Arthur.
(a) Residence: No. 229 N. Schroeder St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year) Nov 2-1909
7. AGE — Years 23 — Months 1 — Days 13 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Jas W. Arthur.
14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER
15. MAIDEN NAME Mary Bryant
16. BIRTHPLACE (city or town) (State or country) Calvert Co.

17. INFORMANT Jas W Arthur
(Address) 229 N Schroeder St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Dec 15 1932

19. UNDERTAKER Mrs Kate R. Mullaney
(Address) 322 N. Schroeder St.

20. FILED DEC 15 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1932, 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
3 Days	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. C. Luth Coroner, M. D.
(Address) ... Coroner

E 85432 Freida Friedman E 85432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 24 yrs. ... mos. ... ds.

2. FULL NAME Freida Friedman

(a) Residence: No. 818 N Washington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Friedman

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hyman

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Name Loudale Cem. Date 12-15 19 32

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14. 1932

22. I HEREBY CERTIFY, That I attended deceased from December 11 19 32 to December 14 19 32

I last saw h. alive on Dec. 14 19 32 Death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	December 11
	4 years
	11

Other contributory causes of importance:

Arteriosclerosis
Chr Myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel Lyon M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 15 1932

M. D. B. 1265-9

B 85433

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85433

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St., 26-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Smith

(a) Residence: No. 907 S. Highland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Smith

6. DATE OF BIRTH (month, day, year) 12-[illegible]-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Adam Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Seltz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Record, Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec. 17th 1932

19. UNDERTAKER Tully & Zeller Inc

(Address) 408 N. Gilmor St.

20. FILED DEC 15 1932 . 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-12 . 1932 to 12-14 . 1932

I last saw him alive on 12-14 . 1932 Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	11-21
	32

Other contributory causes of importance:

None

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-14-32 (Signed) Elmer Hirshberg M. D.

(Address) Balto City Hospitals

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85434 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85434

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., [illegible] Ward) 7637 175

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Michael Bailey.

(a) Residence: No. 5011 Eastern Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) Nov. 25 1918.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No. 47 Public School.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edward Bailey.

14. BIRTHPLACE (city or town) (State or country) Sparrows Point Md.

MOTHER

15. MAIDEN NAME Nora Hartnett

16. BIRTHPLACE (city or town) (State or country) Sparrows Point. Md.

17. INFORMANT Nora Bailey (Mother)
(Address) 5011 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Dec. 16. 1932

19. UNDERTAKER Lilly & Gelder Inc.
(Address) 40 S. Wolfe St.

20. FILED DEC 15 1932 . 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13 . 1932.

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 1:05 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	
due to Fractured Skull	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Hist Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury Dec 13 32

Where did injury occur? at School
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public School

Manner of injury Head hit wall

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85435 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85435

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 E. Eager St. 7-13 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel J. Thomas

(a) Residence: No. 1921 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25/1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Pt. ,Md.

FATHER

13. NAME James Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) ... (State or country)

17. INFORMANT Charles Thomas
(Address) 836 George St

18. BURIAL, CREMATION OR REMOVAL
Mt. Calvary Dec 15 1932

19. UNDERTAKER Bernard P. Stefunko
(Address) 1130 Cresmont Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	5 days ?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jos. H. Green M. D.

(Address) 506 E North Ave Coroner

M. D. B. 1268-9

85436 HEALTH DEPARTMENT—CITY OF BALTIMORE 85436

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital — Registered No. 46v

CITY OF BALTIMORE: (No. 17-16 St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ora Johnson

(a) Residence: No. 528 Druid St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bailey Johnson

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's County Md.

FATHER

13. NAME Henry Farmer

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Laura Brown

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Maggie Mae Lee (Address) 523 Druid St

18. BURIAL, CREMATION, OR REMOVAL Place Ridge Md Date 12/16 1932

19. UNDERTAKER Bernard Beasley (Address) 1326 Pennsylvania Ave

20. Filed DEC 15 1932 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1932 to Dec 13 1932

I last saw her alive on Dec 8 1932. Death is said to have occurred on the date stated above, at 11:10 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sigmoid — Date of onset Last Summer

Other contributory causes of importance: Chronic Myocarditis about 3 months ago

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Beirne Stigon M. D.

(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

685437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8-16 ✓46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 N Luzerne Ave St. ..... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia F Gaebele

(a) Residence: No. 1435 N Luzerne Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Gaebele

6. DATE OF BIRTH (month, day, year) Oct 7 th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John O Engel

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Margaret Schmidt

16. BIRTHPLACE (city or town) Germny
(State or country)

17. INFORMANT John A. Engel
(Address) 1435 N Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Am Date Dec 10 [illegible]

19. UNDERTAKER John Uellrich
(Address) 1200 Argyle

20. FILED Dec 15 [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 th. 1932

22. I HEREBY CERTIFY, That I attended deceased from October 5 1932 to December 12 1932

I last saw her alive on Dec 12 1932 Death is said to have occurred on the date stated above, at 1.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric carcinoma	10-5-32(?)
Other contributory causes of importance: Chronic Valvular heart disease	10-5-32(?)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Milton C. Lang M. D.

(Address) 2117 Belair Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-0

E 85438 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85438

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 Orchard St. 17-2 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Thomas

(a) Residence: No. 530 Orchard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	C.	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE 55 Years	Months 2	Days 2	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textile

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Phillip Pollock

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline King

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Ellis

(Address) 208 E Eager

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 12/16 1932

19. UNDERTAKER Samuel T. Hemsley

(Address) 578 N Bridge St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/32 19

22. I HEREBY CERTIFY, That I attended deceased from 11/4/32 19 ... to 12/12/32 19 ...

I last saw h... alive on 12/9/32 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	1932

Other contributory causes of importance:

Hard work

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. Yo ... M. D.

(Address) 927 Nor...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85439

E 85439

CERTIFICATE OF DEATH

46 V

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 Hudson St. 1-3 WARD)

2—FULL NAME Sophia Malecka

(a) RESIDENCE NO. 2629 Hudson St. WARD
(Usual place of abode) Baltimore Md
(If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Malecki

6 DATE OF BIRTH (month, day, and year): 1879

7 AGE: Years 53 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: house work

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Poland

PARENTS

10 NAME OF FATHER: Joseph Giersz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Poland

12 MAIDEN NAME OF MOTHER: Eva Kolocinski

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Poland

14 Informant: Peter Malecki

(Address): 2629 Hudson St

15 Filed: DEC 15 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/13/32

17

I HEREBY CERTIFY, That I attended deceased from 8/1/32, 19..., to 12/13/32, 19...,

that I last saw h... alive on 12/13/32, 19...

and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) none.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) F. C. Wiemann, M. D.

12-14 1932 (Address) 7413 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Stanislaus Cemetary — DATE OF BURIAL: Dec 17 1932

20 UNDERTAKER: John J Puda — ADDRESS: 2811 Hudson St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—1-30—M. & T.—250 Blks

E 85440

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85440

97

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 4800 Frederick Ave ST. 25-11 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME THERESA KETTLER

(a) RESIDENCE NO. 4800 FREDERICK AVE ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. if of foreign birth? 53 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	MARRIED.

5a If married, widowed, or divorced ~~HUSBAND of~~ or) WIFE of HENRY KETTLER

6 DATE OF BIRTH (month, day, and year) March 25-1865

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
67 yrs	8	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work HOUSE WIFE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) GERMANY

PARENTS

10 NAME OF FATHER JACOB WEBER

11 BIRTHPLACE OF FATHER (city or town) (State or country) GERMANY

12 MAIDEN NAME OF MOTHER MARGERITE THIES

13 BIRTHPLACE OF MOTHER (city or town) (State or country) GERMANY

14 Informant HENRY KETTLER (Address) 4800 FREDERICK AVE

15 Filed DEC 13 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 12/32

17 I HEREBY CERTIFY, That I attended deceased from NOV 30, 1932 to ..., 19...

that I last saw her alive on DEC 12, 1932

and that death occurred, on the date stated above, at 7.10 P. m.

The CAUSE OF DEATH* was as follows:

ENDARTERITIS OBLITERANS

(duration) 1 yrs. mos. da.

CONTRIBUTORY (Secondary) ARTERIO-SCLEROSIS

(duration) ? yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO.

What test confirmed diagnosis? (EXAM.)

(Signed) B V Kelly M. D.

DEC 13 1932 (Address) 1001 N LINWOOD AVE

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Loudon Park Cemetery	DEC. 15 1932
UNDERTAKER	ADDRESS
George L. Schwab	701 Fulk Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

~~E 85407~~ E 85441

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~E 85407~~ E 85441

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 N Madeira St. 8-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Francis X. Seubert

(a) Residence: No. 1507 N Madeira St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 14-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Geo C Seubert

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Gladys Elliott

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Marie Seubert
(Address) 1520 N Madeira

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 15 1932

19. UNDERTAKER John Ulrich
(Address) Eoe & Orleans

20. FILED DEC 15 1932 Registrar. Huntington Pittsville, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14 1932 to 12-14 1932

I last saw him alive on 12/14/32 9 Pm 1932 Death is said to have occurred on the date stated above, at 2 Pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatorum	
Patent Foramen Ovale	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Miller M. D.

(Address) 1780 W Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85442

CERTIFICATE OF DEATH

V 108

E 85442

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 3-5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 20 yrs. ... mos. ... ds.

2. FULL NAME Richard Harris

(a) Residence: No. 1509 Eastern Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~WIFE of~~ HUSBAND of Catherine Harris

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel, Md.

FATHER

13. NAME Joseph Harris

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

MOTHER

15. MAIDEN NAME Martha Jarmo

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mrs Catherine Harris
(Address) 1509 Eastern ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date Dec 16th. 1932

19. UNDERTAKER George A. Weber
(Address) 703 E Lanvale Street

20. FILED DEC 15 1932 Huntington Woods Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14-1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1932 to Dec 14, 1932

I last saw him alive on Dec 14, 1932 Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1930
Myocardial Degeneration Failure	1932

Other contributory causes of importance:

Lobar pneumonia	1932

Name of operation clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) William E. Brown M. D.
(Address) University Hospital

Spec.—8-16-29—L. F. S.—100 Bks.

E 85443

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85443

82-001

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Vine ST., 18-26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mamie Howe

(a) RESIDENCE NO. 1005 Vine ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	Col	Mar

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Luke Butler

6 DATE OF BIRTH (month, day, and year) May 5th 1897

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Launders

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md (State or country)

PARENTS

10 NAME OF FATHER William Howe

11 BIRTHPLACE OF FATHER (city or town) Dont Know (State or country)

12 MAIDEN NAME OF MOTHER Mary Fresco

13 BIRTHPLACE OF MOTHER (city or town) Dont Know (State or country)

14 Informant Jane Harper (Address) 1002 Vine

15 Filed Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10 32

17 I HEREBY CERTIFY, That I attended deceased from Dec 11, 19 32, to Dec 13, 19 32, that I last saw h alive on Dec 12, 19 32 and that death occurred, on the date stated above, at 4 A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Pulm Oedema (duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? H Horwood, M. D.

(Signed) Dec 14 19 34 (Address) 1329 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL Dec 14 19 32

UNDERTAKER A. Jones

ADDRESS Mt Lebanon

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. E. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35444

CERTIFICATE OF DEATH

+ 34 E 85444

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Haywood Giddens.

(a) Residence: No. Glenmore Run Md., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Giddens.

6. DATE OF BIRTH (month, day, year) Aug 19 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Durant Ala.

FATHER

13. NAME Jas. Giddens.

14. BIRTHPLACE (city or town) (State or country) Durant Ala.

MOTHER

15. MAIDEN NAME Bettie McCray

16. BIRTHPLACE (city or town) (State or country) Durant Ala.

17. INFORMANT Patient Giddens
(Address) Glenmore Run Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 12/15/32 19

19. UNDERTAKER Mark L. Elliott
(Address) [illegible]

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/11 . 1932, to 12/13/32 19

I last saw him alive on 12/13/32 . 19 . Death is said to have occurred on the date stated above, at 9-302 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro spinal syphilis	?
Bronchio pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

12-15-32 (Signed) Wm Bruce Schaffner M. D.

(Address) Balto City Hospitals

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85445

E 85445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

26715 58

X 50

Registered No.

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 7-9 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Harriet Finley

(a) Residence: No. 1510 Commonwealth St., Ward. Pittsburgh Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank

6. DATE OF BIRTH (month, day, year): 7-31-72

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Thomas Fox

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Maria Hatfield

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Pittsburg Pa Date: Dec 16 19 32

19. UNDERTAKER: Henry W Jacobs Inc

(Address) 1528 E Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov-22, 1932 to Dec-14, 1932

I last saw her alive on Dec 14, 1932 Death is said to have occurred on the date stated above, at 9.35 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	
Diabetes mellitus	
Streptococcus septicemia	

Other contributory causes of importance:

Name of operation: Radical amputation R breast Date of: Nov 2,

What test confirmed diagnosis? Pathology Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. A. Abercrombie M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Vicari

E 85446

E 85446

26798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-101

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27-46 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Vicari

(a) Residence: No. 504 Beaumont Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Vicari

6. DATE OF BIRTH (month, day, year) 9/21/1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Fruit Co Inspector.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Mike Vicari

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rose Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/16 19 32

19. UNDERTAKER Wm Cook Funeral Home
(Address) 217 E. Eager St.

20. FILED Dec 13 1932 Henrietta Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-13 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec-9 1932 to Dec 13 1932

I last saw h. alive on Dec-13 1932 Death is said to have occurred on the date stated above, at 8:36 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myeloid Leukemia	
Other contributory causes of importance: Lobar pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..... yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Wendell Muncie M. D.

(Address) Johns Hopkins Hosp.

DECEASED

M. D. B. 1268-A

E 85447

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85447

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 N. Appleton St. 15-21 Ward)

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Moore

(a) Residence: No. 1615 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Chas. H. Moore

6. DATE OF BIRTH (month, day, year) Dec 23rd 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Michael Easter

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Stroub

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Agnes Moore Gough

(Address) 1615 N. Appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Dec 17th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED 19 Registrar.

DEC 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/13/32, 19 to 12/14/32, 19

I last saw ~~her~~ alive on 12/13/32, 19 Death is said to have occurred on the date stated above, at 3 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage + Hypostatic Pneumonia	+ 1929
Other contributory causes of importance: Cardiac Arteriosclerosis	1 day

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. C. Houck M. D.

(Address) 1911 Eutaw Pl

Cor.—10-10-29—A Co.—100 Blks.

E 85448

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85448

CERTIFICATE OF DEATH

181

1-PLACE OF DEATH

City of Baltimore: (No. Franklin Square Hospital 11-16 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Levin

(a) RESIDENCE NO. 824 W. Baltimore St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Levin

6 DATE OF BIRTH (month, day, and year) ? ? 1876

7 AGE	Years	Months	Days	IF LESS than 1 day... hrs. or min.
	56	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Shoemaker
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9 BIRTHPLACE (city or town)
(State or country) Russia

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Russia

14 Informant: Adolph Levin
(Address) 824 W. Baltimore St

15 FILED DEC 15 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 14 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral Lobar Pneumonia

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Third degree burns of both legs from hot water (duration) yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) Guy N. Thomsen M. D.

12/15 1932 (Address) 703 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Wash. Road	12-15-1932
20 UNDERTAKER	ADDRESS
Jos Levin Inc.	1739 E. Mad.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

ABOVE SPACE RESERVED FOR RECORD

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85449 — 12/E 85449

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: St Agnes Hospital
CITY OF BALTIMORE: (No.) Wilkens Ave St., 14-28 Ward

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mable Wright

(a) Residence: No. 1419 McHenry St St., Ward. St Japhy Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Married

6. DATE OF BIRTH (month, day, year): May 4 1880

7. AGE — Years: 52 | Months: 7 | Days: 10 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Albert D McKenzie
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Makalia Rodgers
16. BIRTHPLACE (city or town) (State or country): Carroll Co Md

17. INFORMANT: Mrs Rose Grist
(Address) 1518 W. Pratt St

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Cem Date: Dec 17 1932

19. UNDERTAKER: Harry Hellmann & Son
(Address) 4202 Reisterstown Rd

20. FILED DEC 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-14-32

22. I HEREBY CERTIFY, That I attended deceased from 12-6-32 to 12-14-32

I last saw h alive on 12-14-32

to have occurred on the date stated above, at 5:10 pm. Death is said

The principal cause of death and related causes of importance were as follows:

Pneumonia — prolapsus of uterus, of seven years duration

Date of onset

Other contributory causes of importance:

Name of operation: Appendectomy Date of: 12-8-32

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

I saw deceased from 12-6-32 to 12-14-32 M. D.

(Address) St Agnes Hosp

INSTRUCTIONS: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give information so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85450

E 85450

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., (Ward) W-7W

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hagel

(a) Residence: No. 1609 Leeds Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ada B. Hagel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ada B. Hagel

(Address) 1609 Leeds Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 17 1932

19. UNDERTAKER Charles H. Dill

(Address) 3107 Greek Ave

DEC 15 1932

20. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Feldel M. D.
Coroner

(Address) 1 E Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85451

CERTIFICATE OF DEATH

E 85451

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. 1111-24 St. Ward)

Registered No. 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle Whitlow Evans

(a) Residence: No. 206½ McCulloh St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmale

4. Color or Race: Col'd

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Police Dept Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL.

Place Dibble Cemetery Date Nov 25 1932

19. UNDERTAKER

(Address)

DEC 15 1932

20. Filed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 1932

22. I HEREBY CERTIFY, That I attended deceased from August 1 1932 to 19 ..

I last saw h alive on August 1 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide Hemorrhage due to gunshot wounds of left lung	
Other contributory causes of importance: four hours	

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? Dolphin St.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leech Coroner, M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

2E 7713

HEALTH DEPARTMENT—CITY OF BALTIMORE

2E 85452

CERTIFICATE OF DEATH

2E 85452

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 19-37 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Everett

(a) Residence: No. 1611 E Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Everett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Williams

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Dec 15 1932

19. UNDERTAKER COMMERCIAL BANK
(Address)

20. FILED ... 19 ... Registrar.

DEC 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1932 to Dec 9 1932

I last saw her alive on Dec 9 1932 Death is said to have occurred on the date stated above, at 9 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute necrosis of liver	Nov 29

Other contributory causes of importance:

Syphilis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dean A. Clark M. D.

(Address) [illegible]

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85453 (Registered No.)

82-001

E 85453

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1524 W. Fayette St. St. (Ward) 19-37

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ALICE B. PEARSON

(a) Residence: No. 1524 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roy Pearson

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (State or country) Baltimore Md.

FATHER

13. NAME Andrew Jackson Norris

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Scott

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Grace G. Bell
(Address) 1524 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Date Dec 17 1932
Place London Park Cem

19. UNDERTAKER Chas. P. Graul & Son
(Address) 118 W. Mt. Royal Ave

Filed DEC 15 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1932 to Dec 15th 1932 that I last saw ... alive on Dec 1st 1932 and that death is said to have occurred on the date stated above, at 1524 W. Fayette St. Balto

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Sudden — Date of onset

Other contributory causes of importance:

General Arterio-sclerosis

Name of operation None Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Guy L. Cromwell M. D.

12/15/32 (Address) 263 Patapsco Ave Balto Md.

M. D. R. 1268-9—THIS IS A PERMANENT RECORD. Every item should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of information should be made, with OCCUPATION, INDUSTRY, AND CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85454 E 85454

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bayliss & Boston St., 76-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Bailey

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred at Mt Date Dec 15 19 32

19. UNDERTAKER Commissioner Health.
(Address)

20. FILED DEC 15 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 , 1932

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1305 N Patterson Park Ave

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85455 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85455

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Asa Ferguson

(a) Residence: No. Arkansas Okla St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) 10/16/78

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blue Field W Va

FATHER

13. NAME Arabus Ferguson

14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER

15. MAIDEN NAME Ruth Melissa

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Blue Field, W. Va. Date Dec 17 19 32

19. UNDERTAKER Charles P. Powell

(Address) 2904 Edmondson Ave

20. FILED 19 Registrar.

DEC 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1932 to Dec 14 1932

I last saw him alive on Dec 14, 1932 Death is said to have occurred on the date stated above, at 1.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas with abdominal carcinomatosis (liver, mesentary etc)	1930?
Other contributory causes of importance:	
Benign prostatic hypertrophy	?

Name of operation Exploratory laparotomy Date of 12-2-32

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Glenn Wilson Zeiders M. D.

(Address) Johns Hopkins Hospital Baltimore, Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85456

CERTIFICATE OF DEATH

107 E 85456

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Bank St St. 1-3 W. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lorain Kimmelmann

(a) Residence: No. 2229 Bank St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 18-1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fred Kimmelmann

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Helen Wlanowicz

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Fred Kimmelmann
(Address) 2229 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Nor Heart of Mary Date Dec 16 1932

19. UNDERTAKER Fr Cz Szymanski
(Address) 1930 Eastern Ave

20. FILED DEC 15 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-7-, 1932 to 12-14-, 1932

I last saw h. W alive on 12-14, 1932. Death is said to have occurred on the date stated above, at 7450 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Bronchial Pneumonia	12/2/32

Other contributory causes of importance:
Cardiac failure, Pulm. edema.

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Solomon C. Katz M. D.

(Address) 116 Aisquith St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85457

CERTIFICATE OF DEATH

E 85457

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Linden Ave. St., 13-54 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mendes H. Hecht

(a) Residence: No. 2202 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie R. Hecht

6. DATE OF BIRTH (month, day, year) Nov. 5, 1882.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Hecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelie Rosewald

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Mendes Hecht
(Address) 2202 Linden Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Dec. 16, 1932

19. UNDERTAKER Sharrd Sondheim & Sons
(Address) 1902 Eutaw Place

20. FILED DEC 15 1932, 19 Huntington Pottinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1932 to Dec 14, 1932

I last saw him alive on Dec 14, 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	3 years
Other contributory causes of importance:	
uremia + Myocarditis	1 mo.

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Frederick Lertz, M. D.

(Address) Temple Garden Aprts.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85458

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85458

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hospital 3 St., 7 Ward)

Registered No. 210-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs., mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton Butler

(a) Residence: No. 79 Washington St St., Annapolis, Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Tempy Butler

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dishwasher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Naval Academy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co

FATHER

13. NAME Wm Butler

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co.

MOTHER

15. MAIDEN NAME Kate Johnson

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co.

17. INFORMANT Morris Butler (brother)

(Address) 121 Perry St. Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL A. C.

Place Broadneck Date 12/18. 1932

19. UNDERTAKER J. B. Johnson

(Address) Annapolis, Md

Registrar.

DEC 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 . 1932

22. I HEREBY CERTIFY, That I attended deceased from inquiry . 19 . to . 19

I last saw h alive on inquiry . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas gangrene following comp fracture rt. tibia & fibula.	12/10/32
Struck by automobile.	12/10/32

Other contributory causes of importance:

Name of operation Amputation rt leg Date of 12/14/32

What test confirmed diagnosis? x-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/10 . 1932

Where did injury occur? Annapolis Rd nr Marley Creek (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury Struck by auto while

Nature of injury standing on Annapolis Rd

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pohorec Coroner. M.D.

(Address) 2200 E 11th St Balto

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85459

CERTIFICATE OF DEATH

× 131

E 85459

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. St. Agnes Hospital St., 25-7 Ward)

2-FULL NAME Rev. John T. Norton

(a) RESIDENCE NO. Elkridge, Md. St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ~~Jan. 16, 1870~~ January 9. 1870

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	62	11	5 ~~24~~	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Priest
(b) General nature of industry, business, or establishment in which employed (or employer): Roman Catholic Church
(c) Name of employer: Baltimore

9 BIRTHPLACE (city or town) Maryland
(State or country)

PARENTS

10 NAME OF FATHER Patrick Norton

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Mary Brady

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Ireland

14 Informant Miss Fannie Norton
(Address) Elkridge, Maryland

15 Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said autopsy (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Cardiac Dilatation — suddenly
Fatty Degeneration of Heart
Generalized Arterio-sclerosis
Chronic nephritis (moderate) (duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Stab wounds of scalp and abdomen (instrument - carving knife) (duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinically

(Signed) Guy A. Thomas M. D.

12/15 1932 (Address) 203 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cemetery

DATE OF BURIAL 12/17 1932

20 UNDERTAKER

ADDRESS

DEC 15 1932

R. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85460

CERTIFICATE OF DEATH

E 85460

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 3-1 Ward)

Length of residence in city or town where death occurred [illegible] How long in U. S. If of foreign birth? ...yrs. ...mos. ...dis.

2. FULL NAME William L Campbell

(a) Residence: No. 828 Dr-Bond St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) [illegible] 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About 65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 879

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Social Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 17 1932

19. UNDERTAKER Geo. A. Lawrence & Co
(Address) 1518 Eastern Ave

Huntington Williams, M.D.
Registrar.

EC 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932 to Dec 15, 1932

I last saw him alive on Dec 15, 1932 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Dec 1932
Myocardial degeneration	2 days
Fulbul	ago.

Other contributory causes of importance:
arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Wilhelmina L Brown M. D.

(Address) ...

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85461

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85461

CERTIFICATE OF DEATH

53

Registered No. 15-62

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 Denison Road St., 15-62 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis H. Rellberg

(a) Residence: No. 3401 Denison Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE~~ of Mattie Rellberg

6. DATE OF BIRTH (month, day, year) Apr. 28 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sausage Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 065

10. Date deceased last worked at this occupation (month and year) Nov 1932

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) New York
(State or country) N. Y.

FATHER

13. NAME Henry Rellberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Doppler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mattie Rellberg
(Address) 3401 Denison Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Dec. 17 1932

19. UNDERTAKER Hardy W. Ehlen
(Address) 1944 W. Pratt St.

20. Filed ... 19... Registered ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 7th 1932 to Dec 14th 1932

I last saw him alive on Dec 14th 1932 Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympho-Sarcoma (Generalized)	May 1932
Other contributory causes of importance:	

Name of operation none Date of ...

What test confirmed diagnosis? Surgical & Clinical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Paul Brown M. D.

(Address) 1663 W. North Ave.

DEC 16 1932

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Carter

HEALTH DEPARTMENT—CITY OF BALTIMORE

685462 685462

CERTIFICATE OF DEATH

X V 107-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Carter

(a) Residence: No. Poplar Heights & Wise Ave St., Ward Balto Co, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 8/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Thomas Carter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Lee Bell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Carter
(Address) Poplar Heights & Wise Ave

18. BURIAL, CREMATION, OR REMOVAL
Place John M. burial ground Date Dec 8 1932

19. UNDERTAKER Edw Bryan
(Address) 162 Orleans St

20. FILED DEC 8 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	? ?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Bruns Coroner, M. D.

(Address) 506 E Fort Ave

information should be carefully supplied. AGE should be stated in years. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-24-14—M. & T.—2000 Blks.

E 85463 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85463

CERTIFICATE OF DEATH.

V 82-001

1-PLACE OF DEATH

REGISTERED NO. C

CITY OF BALTIMORE: (No. 305 S. Fremont 82-29 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sallie H Cook Johnson

(Residence in Baltimore: No. 305 S. Fremont St.; 40 yrs. — mos. — ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, — — 1876
(Month) (Day) (Year)

7-AGE, 56 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9-BIRTHPLACE, (State or Country) Martinsburg W. Va

PARENTS.

10-NAME OF FATHER, Johnson

11-BIRTHPLACE OF FATHER (State or Country),

12-MAIDEN NAME OF MOTHER

13-BIRTHPLACE OF MOTHER (State or Country),

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Wm Johnson (Husband)

(Address) 305 S. Fremont Ave.

15- DEC 16 1932 H.K. Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec. 14, 1932
(Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Dec 7 1932, to Dec 14 1932, that I saw her alive on Dec 14 1932, and that death occurred, on the date stated above, at 12.20 m.

The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(Duration) yrs. mos. 7 ds.

(Signed) C. H. Hewlett M. D.

Dec 14, 1932 (Address) 712 S. Mount St.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL. Mt. Auburn Cem. DATE OF BURIAL. 12/18/32

20-UNDERTAKER Sigmund P. Hendler ADDRESS 503 Greenmount

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85464

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85464

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 636 N. North Ave St., 13-20 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret R. Coates

(a) Residence: No. 636 N. North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of ~~Wife~~
(or) WIFE of Charles R. Coates

6. DATE OF BIRTH (month, day, year) Nov 19 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	—	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME August H. Feige

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George Coates

(Address) 636 N. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Dec 16 . 1932

19. UNDERTAKER Henry Wirth Sons Inc.

(Address) Lex & Eutaw Sts

DEC 16 1932 Hunting [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1932 to Dec 13 1932

I last saw ~~he~~ she alive on Dec 13 1932. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Myocarditis	1930

Other contributory causes of importance:

Edema Nephritis	1930

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) W. S. Gray M. D.

(Address) 636 N. North Ave

M. D. B. 1248-A

E [redacted] E 85465

HEALTH DEPARTMENT—CITY OF BALTIMORE

E [redacted] E 85465

CERTIFICATE OF DEATH

V 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St., 19-27 Ward)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Sallie Turner

(a) Residence: No. 1404 W. Lexington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas A Turner

6. DATE OF BIRTH (month, day, year) January 9 1856 ~~Jan 9 1856~~

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glindon, Md.

FATHER

13. NAME John Shipper

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sally L Wilson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Edena M. Turlington

(Address) 1404 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 17 1932

19. UNDERTAKER George F. Smith

(Address) 1532 Baltimore St.

20. FILED DEC 19 1932 19..... Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1932 to 12-15, 1932.

I last saw he alive on 12-15, 1932 Death is said to have occurred on the date stated above, at 5:12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	12-15
Myocarditis	12-10
Cystitis	10-1
Fracture surgical neck of humerus and pubis	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Eichert M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85466 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85466

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 E. Fort ave St., 24-35 Ward)

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William J. Rush

(a) Residence: No. 1028 E. Fort St., ____ Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Emma M. Rush

6. DATE OF BIRTH (month, day, year) Sept 23. 1859

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
73	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Fredrick Rush

14. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER

15. MAIDEN NAME Elizabeth Hertz

16. BIRTHPLACE (city or town) (State or country) germany

17. INFORMANT Mrs Wm J. Rush

(Address) 1028 E. Fort ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date 12/17 1932

19. UNDERTAKER Margaret A Flynn

(Address) 1222 Fort Ave.

20. FILED DEC 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1932 to Dec 15 1932

I last saw him alive on Dec 13 1932 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12/12/32
Other contributory causes of importance: Hypostatic Pneumonia Both Lungs	12/30
Edema of Extremities	

Name of operation ____ Date of ____

What test confirmed diagnosis ____ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) C. F. Hagerty M. D.

(Address) 1 E Lexington St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85467

E 85467

CERTIFICATE OF DEATH

121

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. Maryland Gen. Hosp ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME M. Theodore Mookmann

(a) RESIDENCE NO. 2705 Hugo Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15, 1896

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	5	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Joseph Moorman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt. Md

12 MAIDEN NAME OF MOTHER Elizabeth Schenden

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Hospital Records

(Address)

15 Filed ..... 19 ..... Registrar

DEC 16 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1932, to Dec 14, 1932,

that I last saw h[illegible] alive on Dec 14, 1932

and that death occurred, on the date stated above, at 1 20 P m.

The CAUSE OF DEATH* was as follows:

Acute pancreatitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of 1-1116-

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical + Autopsy

(Signed) H Proctor, M. D.

12/14, 1932 (Address) Md Gen Hospital

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem. G.A.

DATE OF BURIAL Dec. 17 1932

20 UNDERTAKER Margaret H. Flynn

ADDRESS 1422 Light

mation should be carefully supplied. AGE should be stated EXACTLY. Particulars under OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1265-9

E 85468 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85468

82-002

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2104 Homewood Ave (Ward) 9-46

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dolly M. Shriver

(a) Residence: No. 2104 Homewood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 12-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Alfred Shriver

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hannah A. Woods

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Bessie R. Shriver

(Address) 2104 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 17- 1932

19. UNDERTAKER Horace E. Burgee

(Address) 3631 Falls Road

20. FILED DEC 16 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14- 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 28 1932 to Dec 14 32

I last saw her alive on Dec 13 1932 Death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis	Unknown
Other contributory causes of importance: Acute Bronchitis Disease	6 Weeks
Cerebral Embolism	1 day

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Signed Thos Spear M. D.

(Address) 705 Med Arts Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Fuss

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85469

CERTIFICATE OF DEATH

E 85469

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green St. 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Fuss

(a) Residence: No. Linthicum Heights Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of Bertha Fuss

6. DATE OF BIRTH (month, day, year) Sept 9 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Enameling Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Fuss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Bertha Fuss (wife)

(Address) Hammond's Ferry Rd Linthicum

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Dec 19. 193

19. UNDERTAKER John F. Denny

(Address) 715 Light St

DEC 16 1932 Huntington, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 , 193

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 , 1932 to Dec 15 , 193

I last saw him alive on Dec 15 , 1932 Death is said to have occurred on the date stated above, at 1.40 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of abdomen	1930
Secondary anemia	193
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William E Brown M. D.

(Address) University Hospital

N. B.—WHITE PLAINLY, with LEAD PENCIL. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 85470

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St., 1735 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara R. Dalrymple

(a) Residence: No. 408 N. Paca St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert M. Dalrymple

6. DATE OF BIRTH (month, day, year) Sept. 12, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Fred Brecht

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Clara R. Tustin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Robert M. Dalrymple

(Address) 408 N. Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date 12/17/ 1932

19. UNDERTAKER John O. Mitchell & Son

(Address)

20. FILED DEC 16 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/ 32 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw her alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Unknown

Name of operation None Date of

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Guy LeCronwell M. D. Coroner

12/16/32 (Address) 203 Patapsco Ave. Brooklyn

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85471

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85471

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1902 E. 31st St. 9-46 Ward.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ann Tracy

(a) Residence: No. 1902 E. 31st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dennis Tracy

6. DATE OF BIRTH (month, day, year) 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Co. Cavan Ireland

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Margaret Walsh
(Address) 1902 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL
Mount Carmel Cem. Date Dec 17 1932

19. UNDERTAKER Chas. Q. Mitchell & Sons
(Address) 1911 Eutaw Place

20. FILED ... 19... ... Registrar.

4906 Harford

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1932 to Dec 15 1932

I last saw h... alive on Dec 5 1932. Death is said to have occurred on the date stated above, at 4-P m.

The principal cause of death and related causes of Importance were as follows:

Myocardial Insufficiency
Pulmonary Hypostasis

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or Injury in any way related to occupation of deceased?
— If so, specify ...

(Signed) Chas. Bonnet M. D.

(Address) 4706 Harford Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 17 1932

Spec.—2-29-28—L. F. S.—500 Bks.

E 85472

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85472

CERTIFICATE OF DEATH

117-001

1—PLACE OF DEATH Md. General Hospital

REGISTERED NO.

CITY OF BALTIMORE: (No. ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank M. Barnes

(a) RESIDENCE NO. Sykesville, Md ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E.

6 DATE OF BIRTH (month, day, and year) Aug 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Storekeeper - 19

(b) General nature of industry, business, or establishment in which employed (or employer) Confectionery

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Joshua Barnes

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine A. Barnes

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mary E Barnes

(Address) Sykesville Md.

15 Filed DEC 19 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1932

17 I HEREBY CERTIFY, That I attended deceased from 12-14, 1932, to 12-16, 1932,

that I last saw h alive on 12-16, 1932

and that death occurred, on the date stated above, at 9:50 /pm.

The CAUSE OF DEATH* was as follows:

Acute Appendicitis (Boundary)
Perforated Gastric Ulcer

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Uremia & Nephritis

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of 12-14-32

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) C. H. Pearce, M. D.

. 19 (Address) Md. General Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sykesville Md.	Dec 19 1932
20 UNDERTAKER	ADDRESS
Freer & Son Inc	Sykesville Md.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 85473

B 85473

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1113 Wilmer St. (Ward) 7-24

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chas Brown Bantum

(a) Residence: No. 611 Hoffman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Charles Bantum

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary A Dorsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alverta Simms

(Address) 611 N Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Dec. 16, 1932

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

20. FILED DEC 16 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Dec 11 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
2 Days	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Finch Coroner, M. D.

(Address) ...

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85474 B 85474

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ignatius L. Dunnigan

(a) Residence: No. 513 N. Curley St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Freda Ricka

6. DATE OF BIRTH (month, day, year) July 14, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yardmaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John F Dunnigan

14. BIRTHPLACE (city or town) (State or country) Ireland, Md

MOTHER

15. MAIDEN NAME Julia Ford

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mrs. Julia Dunnigan 610 S Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Cem. Date Nov. 29, 1932

19. UNDERTAKER (Address) Lilly & Zeiler Inc. 413 N Wolfe St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. ..., 19... to ..., 19...

I last saw h... alive on Nov. ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
Subdural hemorrhage	11/23/32

Other contributory causes of importance:

Automobile accident	11/23/32

Name of operation none Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/23, 1932

Where did injury occur? Eastern Ave nr. Kelly Mill (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Auto in which he was

Nature of injury riding struck a Truck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Joseph P Kenny M. D.
Coroner

(Address) 2200 E Madison St

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 15 1932

M. D. H. 1268-9

E 85475 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85475

CERTIFICATE OF DEATH

V 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., 9-18 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Manokey

(a) Residence: No. 1029 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 13 - 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Leonard Manokey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Susan Campbell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs L. Manokey
(Address) 1029 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec. 16, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3223 Sopwith Ave

20. FILED Dec 17 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to revolver wound of chest	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Injury 12/12, 1932
Where did injury occur? Balto. Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Eugene Zeller Coroner, M. D.
(Address) 2037 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-11 2508

E 85476

HEALTH DEPARTMENT—CITY OF BALTIMORE E 85476

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Bennet Place St.) 18-26 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Ringold

(a) Residence: No. 919 Bennet Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Widower

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dolly Ringold

6. DATE OF BIRTH (month, day, year) April 30th. 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 081

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Farther Perry Ringold

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Louisa Brown

16. BIRTHPLACE (city or town) (State or country) Elkridge, Md.

17. INFORMANT Mrs. Katie Williams (Daughter)
(Address) 322 N. Schrooder st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 18. 1932

19. UNDERTAKER James A Hayes
(Address) 1122 Madison Ave

20. FILED DEC 19 1932 19 Baltimore, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1931, to Dec 13th, 1932
I last saw him alive on Dec 13th. 1932 death is said to have occurred on the date stated above, at 1. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-11-32
Other contributory causes of importance:	
Cardiac Decomp.	
Arterio Schl.	

Name of operation ... Date of ...
What test confirmed diagnosis? Phy. Exam Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify. ...

(Signed) Walter J. Jackson, M. D.
(Address) 1631 W. Franklin st

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 85477 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85477

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. The Church Home and Infirmary St., 12-50 Ward)

Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 16 4 11

2. FULL NAME Jack Rea (James Geo. Rea)

(a) Residence: No. 2924 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug. 4, 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	4	911	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School (P.P.L.

10. Date deceased last worked at this occupation (month and year) Dec 6, 1932

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

FATHER

13. NAME James Rea

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Rose

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT J. S. Rea (Father)
(Address) 2924 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Dec 17, 1932

19. UNDERTAKER Lewis M. Smith Co.
(Address) 2210 Park Ave.

20. FILED DEC 16 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15/, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1932 to Dec. 15, 1932

I last saw him alive on Dec. 15, 1932 Death is said to have occurred on the date stated above, at 6:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia-bronchi	3 days
Other contributory causes of importance:	
Appendicitis c rupture & peritonitis gangrenous	8 days

Name of operation Appendectomy Date of 12/7/32

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Richard C. Cumming, M. D.
(Address) The Church Home and Infirmary

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. H. 1268-9

85478

HEALTH DEPARTMENT—CITY OF BALTIMORE 85478

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2717 Huntingdon St. 42-51 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Jane Riley

(a) Residence: No. 2717 Huntingdon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27 1855.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Jacob Bailey

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Anna Collins

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Florence Crowther
(Address) 2717 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Dec 19th 1932

19. UNDERTAKER Walter Lewis
(Address) 2318 Eastern Ave

20. FILED DEC 15 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1932 to Dec. 16 1932

I last saw her alive on Dec. 14 1932 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	Chronic
Other contributory causes of importance: Bronchio-Pneumonia	12/3/32

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. Clinton Kemp M. D.

(Address) 2310 Eutaw Pl.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

35479

E

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85479

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 305 S. Ellwood Ave St. 1-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ½ yrs. mos. ds. How long in U. S. If of foreign birth ½ yrs. mos. ds.

2. FULL NAME Frank Nowakowski

(a) Residence: No. 305 S. Ellwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXX~~ Late Catherine Nowakowski

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Stephen Nowakowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Lorek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs, Mary Nowakowski

(Address) 305 S. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Moriah Cem Date Dec 19th 1932

19. UNDERTAKER George A Weber

(Address) 2032 Penn Ave

20. FILED DEC 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 4:2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance:	
Acute Nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 2054 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 85480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85480

V59

4446

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital. (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William H. Buckey.

(a) RESIDENCE NO. 515 E. 28th St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed or divorced HUSBAND of (or) WIFE of Rose Buckey.

6 DATE OF BIRTH (month, day, and year) January 29, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	10	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) B. & O. F. R. Co.
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

PARENTS

10 NAME OF FATHER William Buckey.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hagerstown, Md.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Mrs. Lillian Maxwell.

(Address) 515 E. 28th St.

15 Filed DEC 16 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 14, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Diabetes Mellitus.
Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 515 E. 28th St.

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Steinhardt, M. D. Coroner

12/15/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill — DATE OF BURIAL Dec. 16 1932

20 UNDERTAKER J. Fav. McCully. — ADDRESS 130 E. Fort Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85481 E 85481

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Byrd St., 24-34 Ward)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Canavan.

(a) Residence: No. 1515 Byrd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male. | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Canavan

6. DATE OF BIRTH (month, day, year): Mar 19-1869

7. AGE — Years: 63 | Months: 8 | Days: 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. Ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs. Brooks. 1515 Byrd.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross. Date 12/19, 1932

19. UNDERTAKER (Address): J. Frew McEnelly 520 E Fay.

20. FILED DEC 16 1932, 19 Huntington Mc Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932 to Dec. 15, 1932

I last saw h/M alive on Dec. 14, 1932 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Indefinite	
Other contributory causes of importance:	
Exhaustion	12/12/32

Name of operation None Date of —

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Campbell M. D.

12/16/32 (Address) 1644 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-11 2500

E 85482

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85482

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1248 N. Eden St. 11-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellis

(a) Residence: No. 1248 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 15-32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME David Ellis

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Bessie Ellis

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bessie Ellis
(Address) 1248 N. Eden

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Dec 16 19 32

19. UNDERTAKER Funeral Home
(Address)

20. FILED DEC 16 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 15, 1932

I last saw h[illegible] alive on Dec 15, 1932 death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Chas. L. Keller, M. D.

(Address) 50 E. Lexington St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

E 85483 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85483

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. 16-22 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Howard

(a) Residence: No. 1009 Parrish st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Feb. 15, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Levy Howard

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Duvall

16. BIRTHPLACE (city or town) (State or country) Frederick Maryland

17. INFORMANT Hospital Records
(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Dec 16 1932

19. UNDERTAKER
(Address)

20. FILED DEC 16 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1932 to Dec. 12, 1932

I last saw him alive on Dec. 12, 1932. Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	January 1932
Pulmonary Tuberculosis	6 mos.
Other contributory causes of importance: Arteriosclerosis	Unk

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bennett A. Rose, (M. D.)
(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

E 85484

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85484

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimor City Hospitals

CITY OF BALTIMORE: (No. Balto Md St. 18-24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgiana Rollins

(a) Residence: No. 812 W. Gilmor St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Charles Sims

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret [illegible]

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 16 19 32

19. UNDERTAKER
(Address)

20. FILED ..... 19 .....
Registrar

DEC 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1932 to 12-12 1932

I last saw h alive on 12-12 1932 Death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	1929

Other contributory causes of importance:

Myocardial Insufficiency	12-1-32

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-13-32 (Signed) Elmer Hitchborn M. D.

(Address) Balto City Hospitals

INSTRUCTIONS.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85485

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85485

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 76-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Spencer

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Mar. 6

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill, Md

FATHER

13. NAME Stephen ?

14. BIRTHPLACE (city or town) (State or country) Snow Hill Md

MOTHER

15. MAIDEN NAME Money ?

16. BIRTHPLACE (city or town) (State or country) Snow Hill Md

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Md Date Dec 16, 1932

19. UNDERTAKER
(Address)

20. FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1932 to 12-15, 1932

I last saw him alive on 12-15, 1932 Death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Renal Disease	1-1-32
Other contributory causes of importance:	
Acute myocarditis	12-11-32
Incompetency	

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-15-32 (Signed) Chas. H. Johnson Jr. M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

85486

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85486

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 N. Gilmor St., 16-22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melinda Dixon

(a) Residence: No. 1121 N. Gilmor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col'd.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1859

7. AGE: Years: 73 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country): Unk

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: Mable Woodridge

(Address) 750 W. Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date Dec 15 1932

19. UNDERTAKER: Chas. A. Snyder

(Address) 1404 Druid Hill Ave

20. FILED: DEC 16 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1932 to Dec 15 1932

I last saw h... alive on Dec 13 1932. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Uraemia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leo Smith Coroner, M. D.

(Address) Bowie

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85487

CERTIFICATE OF DEATH

48 E 85487

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

DEC 16 1932

1—PLACE OF DEATH

REGISTERED NO. 26-71

CITY OF BALTIMORE: (No. 3907 Mulberry St. WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Emily Pearl Luckett

(a) RESIDENCE NO. 3907 Mulberry St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Lifetime mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Burley C. Luckett

6 DATE OF BIRTH (month, day, and year): June 1- 1889

7 AGE: Years 43 | Months 6 | Days 14 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housekeeper. 037

(b) General nature of industry, business, or establishment in which employed (or employer): ✓

(c) Name of employer: ✓

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Charles F. Reader.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Lucinda Bain

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Milton K. Lang

(Address) 3901 W. Mulberry St

15 Filed DEC 16 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 15. 32

17

I HEREBY CERTIFY, That I attended deceased from Sept 28, 1932, to Dec. 15, 1932,

that I last saw her alive on Dec. 15, 1932

and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) 1 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) ✓ yrs. 2 mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? Yes. Date of June 10. 32

Was there an autopsy? No.

What test confirmed diagnosis? Laboratory and clinical methods

(Signed) George C. Shannon, M. D.

12/16 1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Pk.

DATE OF BURIAL: 12/19 1932

20 UNDERTAKER: Henry A. Suit & Co.

ADDRESS: 401 Edmondson Ave.

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-20—M. & T.—100 B—50L

E 85488

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85488

93-003

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Removed Dead

CITY OF BALTIMORE: (No.) Mercy Hospital ST. 6-10 (WARD)

2-FULL NAME Louis Rieser (Louis Rieser)

(a) RESIDENCE No. 213 N. Patterson Pk. Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Celia Rieser

6 DATE OF BIRTH (month, day, and year) May 10 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	16	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work watchman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City Hall

9 BIRTHPLACE (city or town) (State or country) Salt Lake City

PARENTS

10 NAME OF FATHER Reuben Rieser

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Cecelia Stetter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Louis Rieser

(Address) Edmondson Apts

15 Filed ... 192 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cut Abrasion of scalp (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) James M Fenlon, M. D. Coroner

12-16 1932 (Address) Forest Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Friendship Cem	12/18 1932

20 UNDERTAKER J. Ahrens Co

ADDRESS 2452 Reisterstown Rd

DEC 16 1932

M. D. B. 1268-9

E 85489 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85489

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Joseph's Hosp 108 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9-47 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... days How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Charles Caine

(a) Residence: No. 725 Melville Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 4 - 1931

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	1	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto city

FATHER

13. NAME Chas Caine
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anneta Rahll
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Chas Caine
(Address) 725 Melville ave

18. BURIAL, CREMATION, OR REMOVAL
St Johns Cem Date Dec 18 1932

19. UNDERTAKER Hornberger & Gross
(Address) Baltimore Md.

20. FILED Huntington Williams M.D.
C 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1932 to Dec 16, 1932
I last saw h.im alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Meningitis pneumococcus (type II)	Dec 14
(b)	
(c)	
(d)	

Other contributory causes of importance:

Lobar pneumonia	Dec 14

Name of operation — Date of —

What test confirmed diagnosis? Serum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. J. Gamage M. D.
(Address) St. Joseph's Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

Cooper

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85490

E 85490

CERTIFICATE OF DEATH

Registered No. 165

1. PLACE OF DEATH Woods in rear of

CITY OF BALTIMORE: (No. 2703 Woodsdale Ave St. 27-4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry G. Cooper

(a) Residence: No. 2703 Woodsdale Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4/1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wireless Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Norton, Lilly & Co

10. Date deceased last worked at this occupation (month and year) July 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frank C. Cooper

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Alvena Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Frank C. Cooper

(Address) 2704 Woodsdale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 9, 193

19. UNDERTAKER Wm Cook

(Address) 1212 St Paul St

21. Huntington Williams, M.D.

Registrar.

C 16 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m. between 9 & 12 ...

The principal cause of death and related causes of importance were as follows:

Strangulation by hanging — Date of onset

Other contributory causes of importance:

Mentally ill for several mons

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Woods in rear of home.

Manner of injury Hung himself with rope to limb of tree.

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. H. Bacon Coroner. M. D.

(Address) 108 E Fort Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact information in OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85491

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85491

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1916 N. Chester St. 8-16 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie F. Miller

(a) Residence: No. 1916 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob B. Miller

6. DATE OF BIRTH (month, day, year) Oct 31/1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	14	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carlisle, Pa.

FATHER

13. NAME Harry Walters

14. BIRTHPLACE (city or town) (State or country) Montgomery Co., Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Montgomery Co., Va

17. INFORMANT Rose Grzelak
(Address) 1916 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 17 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E. Baltimore St

20. FILED ..... 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 11 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Thrombosis	

Other contributory causes of importance:

Right Iliac Phlebitis	3 mons.
(Was in Mercy Hospital 3 Mons.	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Watkins M. D.

(Address) 507 E Lexington St Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85492

CERTIFICATE OF DEATH

108

E 85492

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME John S Marboe

(a) Residence: No. 907 St. Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M Emory

6. DATE OF BIRTH (month, day, year) July 4 1876

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
56	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Marboe

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maria Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Sammond Dugan

(Address) 907 N St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys, Govans Date Dec 17th, 1932

19. UNDERTAKER Henry H. Kirkus & Sons

(Address) McCulloh-Orchard 5-6

20. FILED DEC 17 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to December 16, 1932

I last saw h[illegible] alive on December 16, 1932. Death is said to have occurred on the date stated above, at 12:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 8, 32

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .....Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Burns, M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85493

1. PLACE OF DEATH St. Joseph's Hosp. 108

CITY OF BALTIMORE: (No. ..... St., 23-33 Ward) .....

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia Catramadon

(a) Residence: No. 1223 S. Charles St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) March 5-1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Stratis Catramadon

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Eugenia Calagiuras

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Stratis Catramadon

(Address) 1223 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 17 1932

19. UNDERTAKER Fred. A. Wagner & Son

(Address) 703 S. Hanover St.

20. FILED ..... Registrar.

EC 174032

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16 , 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 , 1932 to Dec 16 , 1932

I last saw h[illegible] alive on Dec. 15 , 1932 Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 2

Other contributory causes of importance:

Chronic bronchitis	Since Youth
Asthma	" "
Pulmonary Hemorrhage	Dec 12

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) N. F. Young M. D.

(Address) St Joseph's Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85494

CERTIFICATE OF DEATH

E 85494

23
33

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1456 Riverside Ave. 24 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marion J. Johnson

(a) Residence: No. 1456 Riverside Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, ~~Married, Widowed~~ or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1 1912.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
20	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles W. Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Minnie Fellers

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marion J. Ryan

(Address) 1456 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Hill Date Dec 17 1932

19. UNDERTAKER Fred A. Frame & Son

(Address) Huntington Belleville, Md.

20. Filed ... 19 ... N.F.H. Registrar.

C 17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1931 to Dec. 14, 1932

I last saw h IM alive on Dec. 13, 1932 death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis and Mitral Regurgitation	
Indefinite	
Other contributory causes of importance:	
Exhaustion	12/12/32

Name of operation None Date of

What test confirmed diagnosis Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. H. Campbell M. D.

12/14/32 (Address) 1644 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85495 — E 85495

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Kennedy Ave St. 9-4-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael J. Vallee

(a) Residence: No. 2811 Kennedy Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennie M. Vallee

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor & School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jeremiah Vallee

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Cunningham

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Jennie M. Vallee
(Address) 2811 Kennedy Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Our Cathedral Date Dec. 19 19 32

19. UNDERTAKER Henry Hoey Sons, Inc
(Address) 1301 E. Fayette St.

20. FILED ..... 19 ..... Registrar. Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1932 to Dec 15 1932

I last saw h— alive on Dec 15 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12/15/32
Other contributory causes of importance: Coronary Asclerosis	11/20/32
Cholecystitis	8/10/32
Myocarditis	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James F. Luzenberg M. D.

(Address) 721 Medical Arts Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

C 1 7 1932

M. D. B. 1268-9

E 85496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

172 E 85496

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 N. Bond St. 8-17 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M Obert

(a) Residence: No. 1617 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME John C. Obert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunda Hagen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr Joseph G Obert

(Address) 3009 Echodale Ave

18. BURIAL, CREMATION, OR REMOVAL Emt

Place Holy Redeemer Date Dec. 19. 1932

19. UNDERTAKER Henry Heck Sons Inc.

(Address) 1304 E Baltimore St

20. [illegible] Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1932 to Dec 15 1932

I last saw her alive on Dec 5 1932 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	5 Days
Other contributory causes of importance: Strangulated Umbil Hernia	10 Days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Leon M. D.

(Address) 4137 Roosmyn

C 17 1932

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 85497

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85497

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2364 W. Carey St., 14-76 Ward)

2-FULL NAME Robert Raye

(a) RESIDENCE NO. 2364 W. Carey St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

6 DATE OF BIRTH (month, day, and year) Feb. 4, 1878

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	54	10	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Barber
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer self

9 BIRTHPLACE (city or town)
(State or country) U. C.

PARENTS

10 NAME OF FATHER Wm. R. Raye Sr.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) U. C.

12 MAIDEN NAME OF MOTHER Annie Hooper

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) U. S.

14 Informant Lafayette Raye
(Address) 5 Dol. & E. Grade U. C.

15 Filed DEC 17 1932 Huntington Williams M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Carcinoma of Right Tonsil and Pharyngeal Wall

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? U. C.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory findings

(Signed) Guy U. E. Longwell M.D.

12/16 1932 (Address) 703 Talapscire, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	12/17 1932
20 UNDERTAKER Chas. H. Burkett	ADDRESS 3217 W. Carey St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85498 E 85498

CERTIFICATE OF DEATH. X 107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 955 N. Chappell St. 7-12 WARD)

2-FULL NAME Alice Woolfork

(a) RESIDENCE NO. 955 N. Chappell ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~1 yrs.~~ mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): —

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year): 1923-11-25

7 AGE: Years 9 | Months | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Hanover Co Va

PARENTS

10 NAME OF FATHER: Clyde Woolfork

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Willie Lynch

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Clyde Woolfork

(Address) 955 N. Chappell St.

15 [illegible] 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/14/32

17

I HEREBY CERTIFY, That I attended deceased from Dec. 19 12/7 to Dec 14 19 32

that I last saw her alive on Dec 14 19 32

and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows: Broncho Pneumonia

(duration) mos. 4 ds.

CONTRIBUTORY (Secondary) Bronchitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) H. H. Walters M. D.

(Address) 1026 N. Dolphin

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Asbury Cem. DATE OF BURIAL: 12-17 1932

20 UNDERTAKER: Byron & Mamis & Wright 1218 McElderry St. ADDRESS

DEC 17 1932

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85499

CERTIFICATE OF DEATH

E 85499

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Fawn St., ... Ward)

Registered No. 8-5 82-201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Weisnaar

(a) Residence: No. 1004 Fawn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) July 14, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor for Comptroller Co.

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME August Weisnaar

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Kessler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Henry Weisnaar (Brother)

(Address) 1004 Fawn St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date December 19, 1932

19. UNDERTAKER Henry Sander & Sons, Inc. per J. Sander

(Address) Baltimore & N. Broadway.

20. FILED ... 19... Registrar.

EC 17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1932 to December 15, 1932

I last saw him alive on December 15, 1932 Death is said to have occurred on the date stated above, at 3.00 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Arterio-Sclerosis	1 Yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Wechsler M. D.

(Address) 14 S. E. Boundary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85500

E 85500

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St Joseph Hospital St., 3-5 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 20 yrs. mos. ds.

2. FULL NAME Antonio Orlinski

(a) Residence: No. 126 S. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of ------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Julian Orlinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna (Unknown)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Selvester Beniceurez
(Address) 403 S. Bond Street

18. BURIAL, CREMATION, OR REMOVAL 12/17/32
Place Oaklawn Cem. Date 19

19. UNDERTAKER [illegible]
(Address) 1235 [illegible]

20. FILED DEC 17 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 Death is said to have occurred on the date stated above, at [illegible] m to 1 p.m.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home - found with gas tube in mouth.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner. M. D.

(Address) [illegible]

EC 17 1932

E. C. R.—WRITE PLAINLY with pen and ink. Use no abbreviations. All items must be answered or the word "unknown" or the correct word "none" inserted where necessary. PHYSICIANS should be careful to see that their certificates are complete and correct. All information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85501

CERTIFICATE OF DEATH

E 85501

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 3-5 Ward)

Registered No. 209

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? ? yrs. mos. ds.

2. FULL NAME James Flaherty or Flynn

(a) Residence: No. 1111 E. Pratt St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 12/7/32 19

19. UNDERTAKER [illegible]
(Address) 730 [illegible]

20. FILED DEC 17 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4.30 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Fractured Skull	Dec 7

Other contributory causes of importance:
Arteriosclerosis Coronary

Name of operation Trephine for Drainage Date of Dec 8

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? Front & Lombard Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place He stepped from sidewalk and

Manner of injury into Street car- he was

Nature of injury intoxicated.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joel W Rogers Coroner, M. D.

(Address) 508 E Fayette

Information should be carefully supplied. At state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 17 1932

Spec.—2-19-28—L. F. S.—500 Bks.

E 85502

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85502

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Morris St, ST. 11-2 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cecelia Banks

(a) RESIDENCE NO. 1033 Morris St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1866

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66		July	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Anne Arundel
(State or country) Co. Md.

PARENTS

10 NAME OF FATHER Henry Long

11 BIRTHPLACE OF FATHER (city or town) Anne Arundel
(State or country) Co Md

12 MAIDEN NAME OF MOTHER Susie Murdoh

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Carrie Cooper.
(Address) 822 Carrollton ave

15 Filed DEC 17 1932, Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1932, to Dec. 15, 1932,

that I last saw her alive on Dec. 15, 1932

and that death occurred, on the date stated above, at 8-45 pm.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Dont know

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H White, M. D.

, 19 (Address) 1021 Madison Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn Cem	12/18 1932

20 UNDERTAKER	ADDRESS
Samuel T Hemsley	5-7 N Middle Pl.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

M. D. B. 1268-9

E 85506 EALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-80 E 85503

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 1[illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Edward Holmes

(a) Residence: No. 1801 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Holmes

6. DATE OF BIRTH (month, day, year) Sept 6, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Station

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William Holmes

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ada ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Auburn Cem Date 12-20-32

19. UNDERTAKER Geo. R. A. Gibson
(Address) 1733 E. Baltimore St.

DEC 17 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932 to Dec 16, 1932

I last saw him alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Grippe	1 wk.
Chronic Myocarditis	?
Agranulocytosis	?

Other contributory causes of importance: Etiology Undetermined

Name of operation Clinical & Laboratory Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was illness or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. F. Burns, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85504

CERTIFICATE OF DEATH

E 85504

Registered No. V 173

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 27-42 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Nellie Burdette

(a) Residence: No. 6804 Brook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry H. Burdette

6. DATE OF BIRTH (month, day, year) Sept 10/1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila, Pa

FATHER

13. NAME Louis Metzler

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Ann Fowler

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Beatrice Burdette (Daughter)
(Address) 6804 Brook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Dec 17 1932

19. UNDERTAKER J. a. Wilson Balto
(Address) Huntington Wellington N.

20. FILED DEC 17 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hemorrage due to shot gun wound involving heart, lungs and aorta.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury Dec 16/32

Where did injury occur? 6804 Brook Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Bacon M. D.
Coroner

(Address) 506 E Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 17 1932

Spec.—9-30—A. & Co.—250 Bks

E 85505 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85505

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 128 E. Ostend ST. 24 WARD 24-33

2-FULL NAME Belle Schroeder

(a) RESIDENCE NO. 128 E. Ostend ST. 24 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Ernest E. Schroeder

6 DATE OF BIRTH (month, day, and year) Dec 29 1878

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER John Kelly

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Maggie Sieler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Ernest E. Schroeder
(Address) 128 E. Ostend St.

15 Filed ... 19 ... Registrar ...

C 171932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932 to Dec. 15, 1932

that I last saw her alive on Dec. 15, 1932

and that death occurred, on the date stated above, at 4:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) R. E. Campbell M. D.

12/16 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill — DATE OF BURIAL: 12/19 1932

20 UNDERTAKER: John J. Hampton — ADDRESS: 1318 Eutaw

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85506

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85506

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3412 E. Lombard St. Ward 27)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Emma Livingston

(a) Residence: No. 3412 E. Lombard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Livingston

6. DATE OF BIRTH (month, day, year) July 4, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
56	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob Horr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Nannie Kolb

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Geo. Livingston

(Address) 3412 East Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date Dec 19, 32

19. UNDERTAKER John F. Moran

(Address) 3000 E. Balto St.

20. FILED DEC 17 1932 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932 to Dec 15, 1932

I last saw h. alive on Dec 14, 1932 Death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Chronic Nephritis	1 Yr
Other contributory causes of importance:	
Cerebral Hemorrhage	2 Days

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?.....Date of injury.....19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Eugene J. Cook M. D.

(Address) 413 N. Washington

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85507

CERTIFICATE OF DEATH

X 107 E 85507

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. ..... St., 1 ..... Ward) 10

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Dorsey Mercury

(a) Residence: No. Dorsey Ave., Essex (Usual place of abode) ..... Ward. ..... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bella Mercury

6. DATE OF BIRTH (month, day, year): Aug 18 1870

7. AGE: 62 Years | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Crown Cork Seal Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Canada

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Miss Julia Mercury
(Address) 336 South Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland Date Dec 19, 1932

19. UNDERTAKER: John A. Myers
(Address) 3000 E. Baltimore St.

FILED Huntingtown Williams MD Registrar.

C 171932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1932 to ~~December~~ October 15, 1932

I last saw him alive on ~~December~~ October 15, 1932 death is said to have occurred on the date stated above, at 11:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Coronary Occlusion Thrombosis	Sept (?)
(2) Cardiac Infarction, with Thrombi	?
(3) Bronchopneumonia (Bilateral)	?
(4) Pulmonary Infarction (Right)	?
(5) Renal Infarction (Right)	?
Other contributory causes of importance:	
(1) Generalized Arteriosclerosis	?
(2) Chronic Passive Congestion	?
(3) Anasarca	Sept (?)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85508 — CERTIFICATE OF DEATH — V 11-001 — E 85508

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 2502 E. Preston ST. 8-16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jean Ann Finck

(a) RESIDENCE NO. 2502 E. Preston ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

a If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6 DATE OF BIRTH (month, day, and year): Nov. 27-32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

PARENTS

10 NAME OF FATHER: Benard Finck

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Margaret Wilkes

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: B. Finck

(Address): 2502 E Preston St

15 Filed DEC 17 1932, Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 16-1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1932, to Dec 16, 1932, that I last saw he alive on Dec 16, 1932 and that death occurred, on the date stated above, at 11 am m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary): Influenza ?

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None.

(Signed) Thos. F. a Stevens, M. D.

12-16, 1932 (Address) 2878 Stafford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Dec 17, 1932

UNDERTAKER: John A Sturan

ADDRESS: 300 E. Balto

important. See instructions on back of certificates.

M. D. B. 1268-B

E 85509 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85509

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sue Dix Fowler

(a) Residence: No. 404 Ellen St., Ward. Chevy Chase Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of H. W. Fowler

6. DATE OF BIRTH (month, day, year) 5-10-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Olwyn Lee

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Dulcina Agustine

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Mr. Harold K. Fowler

(Address) 404 Ellen St. Chevy Chase Md

18. BURIAL, CREMATION, OR REMOVAL

Place San Antonio, Texas Date 12/17/ 1932

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED Huntington Williams, M.D. Registrar.

DEC 17 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932 to Dec 10, 1932

I last saw her alive on Dec 10, 1932 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism. (1)	12 10 32

Other contributory causes of Importance:

Name of operation Nephrectomy ~~Left~~ right Exploratory Kidney, Left Date of 12-6-32

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Blanchard C. Anteo, M. D.

(Address) The Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

E 85510

E 85510 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V107-001

Registered No. 12-51

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. MARYLAND Gen. Hosp. St. 12-51 Ward)

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Lee Molder

(a) Residence: No. 2714 OAK ST St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) DEC. 17 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4 MO		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (a) (b)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

13. NAME Edward Molder

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Frances Deaton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records (Address) The Gen. Hospital

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date DEC 19 1932

19. UNDERTAKER Walter Davis (Address) 3418 Eastern Ave.

20. FILED DEC 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1932, to 12-17, 1932

I last saw him alive on 12-17 1932. Death is said to have occurred on the date stated above, at 2 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHO-PNEUMONIA	12-12
Other contributory causes of importance: Myocardial Insufficiency	

Name of operation ..... Date of .....

What test confirmed diagnosis? CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) ..... M. D.

(Address) .....

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31 250B

E 85511 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85511

CERTIFICATE OF DEATH V131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4710 Frederick Ave St. 25-71 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter H. Dowling

(a) Residence: No. 4710 Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mae C. Dowling

6. DATE OF BIRTH (month, day, year) July 15, 1890

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	42	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weather stripper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Patrick Dowling

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary J. Bryden

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mae C. Dowling
(Address) 4710 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Cathedral Cem. Date 12-19, 1932

19. UNDERTAKER Geo. C. Beyer Jr.
(Address) 1512 N. Fulton Ave St.

20. FILED [illegible] Huntington Williams Nat
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1932, to Dec 14, 1932

I last saw h[illegible] alive on Dec 14 1932 death is said to have occurred on the date stated above, at 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's disease (nephritis)	
Arteriosclerosis	

Other contributory causes of importance:

Malnutrition	3 Mo
Dyspnoea	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Benj. M. Cullen M. D.

(Address) 402 N. Payson St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC TO [illegible]

Spec.—J-12-29—M&T—500 Blks.

E 85512

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85512

CERTIFICATE OF DEATH.

✓108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1631 N. Carey ST. 15-21 (WARD)

2-FULL NAME Charlotte Gould

(a) RESIDENCE NO. 1631 N. Carey ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 25 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE Female Col.

5 Single, Married, Widowed, or Divorced (write the word) Widow.

5a If married, widowed or divorced HUSBAND of (or) WIFE of Peter Gould

6 DATE OF BIRTH (month, day, and year) 8th May 1851

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
81	7		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME Rosa Dorsey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Ida Jones (Address) 1631 N. Carey St.

15 Filed DEC 19 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-16 1932

17 I HEREBY CERTIFY, That I attended deceased from 12-5 1932 to 12-16 1932

that I last saw h alive on 12-15 1932

and that death occurred, on the date stated above, at 6-30 p.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos 3 ds.

CONTRIBUTORY (Secondary) Pulmonary Congestion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no.

What test confirmed diagnosis? ✓

(Signed) George C. Page M. D.

19 (Address) 816 N. Mount St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel DATE OF BURIAL Dec 19 1932

UNDERTAKER Lawrence E. Wright ADDRESS 700 N. Carrollton Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Cor.—10-10-29—A Co.—100 Bks.

E 85513

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85513

CERTIFICATE OF DEATH

V 108

1-PLACE OF DEATH

City of Baltimore: (No. Franklin Square Hospital St., 6-11 Ward)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Stephen J. Penstker

(a) RESIDENCE NO. 206 N. Streeper St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Aug. 15th 1906

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	26	4	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Rodsman helper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph J. Penstker

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Lillian Sandy

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Lillian M. Penstker
(Address) 206 N. Streeper St.

15 Filed DEC 13 1932 Huntington Hill
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bilateral lobar pneumonia

(duration) ..... yrs. ..... mos. 4-5 ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Physical Signs

(Signed) Guy N. Cromwell M. D.

(Address) 203 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Dec 19 1932
20 UNDERTAKER	ADDRESS
Martin W. E. Dippel Inc	37 S Amity

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85514 V 34 E 85514

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes' Hospital Registered No.

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 13-59 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Edna Boone

(a) Residence: No. 2275 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Boone

6. DATE OF BIRTH (month, day, year) Sept 21 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0

10. Date deceased last worked at this occupation (month and year) ∞

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. [redacted] August Foller

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Margaret Wolf

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr Charles Boone
(Address) 2275 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Dec 17 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible] 19 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1932 to Dec. 16 1932

I last saw h[illegible] alive on Dec. 16 1932 Death is said to have occurred on the date stated above, at 8.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Hypostatic pneumonia (Both)	
Other contributory causes of importance:	
Cystitis - (Colitis)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **Industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Gonato M. D.

(Address) St Agnes Hospital

See instructions on back of certificate.

OCCUPATION is very imp[illegible]

Spec.—2-29-28—L. F. S.—500 Bks.

E 85515

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85515

CERTIFICATE OF DEATH

131

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1771 Homestead ST., 9-46 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ida Belle Hoover

(a) RESIDENCE NO. 1771 Homestead ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Hoover

6 DATE OF BIRTH (month, day, and year) July 11-1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Milburn

11 BIRTHPLACE OF FATHER (city or town) (State or country) St Mary's Co. Md.

12 MAIDEN NAME OF MOTHER Mary Fowlers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

14 Informant Mabel Hoover

(Address) 1771 Homestead

15 Filed DEC 13 1932, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 16-1932

17

I HEREBY CERTIFY, That I attended deceased from Dec. 3. 1932 to Dec. 16 1932

that I last saw h.e alive on Dec 16 1932

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Marasmus, Senile Sclerosis

Cerebral Embolis Mitral Regurgitation

(duration) yrs. mos. 13 ds.

CONTRIBUTORY (Secondary) Chronic Interstitial Nephritis

(duration) yrs. mos. 13 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Uremalysis

(Signed) Thos. F. A Stevens, M. D.

12-16 1932 (Address) 2878 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Johns (Waverly)	Dec 19 1932
20 UNDERTAKER	ADDRESS
Wm Cook	1217 St Paul St

Important. See instructions on back of certificates.

M. D. B. 1268-6

E 85516 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85516

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2625 Huntingdon Ave 12-51 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H. Durham

(a) Residence: No. 2625 Huntingdon Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or) WIFE of~~ Alicena V. Durham

6. DATE OF BIRTH (month, day, year) May 3rd 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John W. Durham

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Ruth Turner

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Blanche Disney

(Address) 2625 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Churchyard Date Dec 19th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED ..... 19... Registrar.

DEC 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1930 to Dec 16 1932

I last saw him alive on Dec 1932 death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Unk 8
Other contributory causes of importance:	
Arteriosclerosis &	
Chronic Nephritis	Unk 4

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. A. Krah M. D.

(Address) 1726 E. Monument St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 85517 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85517

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital 12-19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Garrett Taylor

(a) Residence: No. 811 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23 - 32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	21 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William J. Taylor

14. BIRTHPLACE (city or town) (State or country) Newark N. J.

MOTHER

15. MAIDEN NAME Laura Jackson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address) Md Gen Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 19th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

DEC 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 17 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1932, to 12-17 1932

I last saw him alive on 12-12-32 1932. Death is said to have occurred on the date stated above, at 2.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-13
Other contributory causes of importance:	
Myocardial failure	12-17

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85518

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85518

CERTIFICATE OF DEATH X V 157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances J. Koenig

(a) Residence: No. 6838 Belair Road St., Ward. Balto Co Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 12/32

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John G. Koenig, Jr.

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Gertrude Franz

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT John G. Koenig, Jr.
(Address) 6838 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date Dec 1, 193[illegible]

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible] 19[illegible]
Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1c/32, 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 7.35 m P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congential Heart - Patent Foramen Ovale	
Other contributory causes of importance: Acute Intestinal Disturbance	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) J. H. Wales, M. D.
Coroner

(Address) 508 E Monument

M. D. H. 1968-9

E 85519

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85519

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1603 W. Lombard St., 19-28 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora V. Monahan

(a) Residence: No. 1603 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of Timothy J. Monahan

6. DATE OF BIRTH (month, day, year) Aug 1st 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME J. Amie

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Timothy J. Monahan
(Address) 1603 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 19th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 Registrar

DEC 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8 1932 to Dec 15 1932

I last saw her alive on Dec 14 1932. Death is said to have occurred on the date stated above, at 2.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Poisoning	Sep.
Ill weeks.	8
Chronic nephritis	1932
Other contributory causes of importance:	
Cirrhosis - Hepatic.	

Name of operation None Date of

What test confirmed diagnosis? " Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? " Date of injury " 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place "

Manner of injury "

Nature of injury "

24. Was disease or injury in any way related to occupation of deceased? "

If so, specify

(Signed) Bernard J. Francis M. D.

(Address) 1329 Arunah Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85520

E 85520 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peggy Franklin

(a) Residence: No. 110 3rd Avenue St., ... Ward. Towsontown Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Sgl

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 2nd 1926

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Louisville Ky

FATHER

13. NAME John Franklin

14. BIRTHPLACE (city or town) (State or country) Henderson Ky

MOTHER

15. MAIDEN NAME Alta Williams

16. BIRTHPLACE (city or town) (State or country) Salt Lake Ky

17. INFORMANT Alta Franklin

(Address) 110 3rd Ave - Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 19th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED DEC 18 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6th, 1932, to Dec. 15th, 1932

I last saw h[illegible] alive on Dec. 15th, 1932 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Right chest	12/1/32
Other contributory causes of importance:	
Cardiac Dilitation	12/14/32

Name of operation Thoracotomy Date of 12/9/32

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. F. Jones M. D.

(Address) St Joseph's Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85521

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85521

CERTIFICATE OF DEATH

82-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1712 Marshall St. (or Ward) 24-34

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Myers

(a) Residence: No. 1712 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed~~, or divorced HUSBAND of (or ~~WIFE of~~) Sadie Myers

6. DATE OF BIRTH (month, day, year) Oct 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Wid 61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Myers

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret Myers

(Address) 1712 Marshall St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 20 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/16 1932 to 12/17 1932

I last saw him alive on 12/17 1932 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/16/32

Other contributory causes of importance:

Senility

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury X 19.....

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X

Manner of injury X X

Nature of injury X X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) [illegible] M. D.

(Address) 340 E Chase St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

E 85522

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ E 85522

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 Denver St. 21-29 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A. Eckhardt

(a) Residence: No. 1109 Denver St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 6th 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Basket

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William H. Eckhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Zimmer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elizabeth Eckhardt
(Address) 1109 Denver St

18. BURIAL, CREMATION, OR REMOVAL
Place Westarm Date Dec 20th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

DEC 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1932 to Dec 16 1932

I last saw h— alive on Dec 16 1932 Death is said to have occurred on the date stated above, at 9.30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Valvular Heart Disease	?

Other contributory causes of importance:

Acute Dilatation	a few days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Lang Glenn M. D.

(Address) 1698 Druid Park Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

85523 E 85523

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 Linden Ave) (Ward) 24

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Moore

(a) Residence: No. 1322 Linden Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) Dec 5th 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	0	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 35

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel H. Moore

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Dorsey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Florence M. Crane
(Address) 103 Wiltingwood Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 19th 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

DEC 18 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1926 to December 17 1932

I last saw him alive on December 16 1932. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1926
Chronic interstitial nephritis	1930
Other contributory causes of importance:	
Cerebral thrombosis	1932

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm H. A. Mayer M. D.

(Address) 2411 Guilford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 85524 Spec. T.—250 Bks.

E 85524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 1205 Harlem Ave ST. 16-26 WARD)

2-FULL NAME Georgine C. Est

(a) RESIDENCE NO. 1205 Harlem Ave ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fr	Col.	Widow

5a If married, widowed, or divorced (HUSBAND of or) WIFE of Howard Est

6 DATE OF BIRTH (month, day, and year) 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	80			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore (State or country)

PARENTS

10 NAME OF FATHER Edmund McCabe

11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country)

14 Informant Dr. Louis H. Green (Address) 1205 Harlem Ave

15 Filed DEC 13 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17/32

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1931, to Dec 17, 1932, that I last saw h[illegible] alive on Dec 13, 1932, and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease

(duration) 3 yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) E. William Ivy, M. D.

12/18, 1932 (Address) 1928 Pennsylvania

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Springfield Mass

DATE OF BURIAL Dec 19 1932

20 UNDERTAKER Jam. H. Crawford Son

ADDRESS 638 N Gilmor

ATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 85525 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85525

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Maryland Avenue St. 12-51 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 1 mos. 4 ds. How long in U. S. If of foreign birth - - yrs. - - mos. - - ds.

2. FULL NAME Alice L. Cunningham

(a) Residence: No. 2812 Maryland Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) Nov. 11, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Health Department

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Edward J. Cunningham

14. BIRTHPLACE (city or town) (State or country) Newark New Jersey

MOTHER

15. MAIDEN NAME Margaret Madden

16. BIRTHPLACE (city or town) (State or country) Newark New Jersey

17. INFORMANT Rev. Walter F. Cunningham
(Address) 2812 Maryland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 12/19, 19 32

19. UNDERTAKER Henry W. Meyers and Son
(Address) 805 N. Calvert Street

20. FILED 19 Registrar

DEC 16 1932 Washington Printing Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1. [illegible], 1931 to Dec 15, 1932

I last saw h[illegible] alive on Dec 15, 1932 Death is said to have occurred on the date stated above, at 6:0 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia + Toxaemia	

Other contributory causes of importance:

Carcinoma of uterus	

Name of operation Hysterectomy Date of ?

What test confirmed diagnosis? - Was there an autopsy? -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ..... 19.....

Where did injury occur? -
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased?
- If so, specify .....

(Signed) Chas. Bruck M. D.

(Address) 4706 Harford Rd. 12/17/32

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1384-A

E 85526

E 85526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH St. Joseph's Hosp.

CITY OF BALTIMORE: (No. ..... St. 4-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Nettie Feig (Marie Antoinette Feig)

(a) Residence: No. 1538 N. Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Nov. 24, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hutzler Bros. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Joseph Feig

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Rebecca Buchman

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT C. Bertram Feig

(Address) 1538 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 12/19 19 32

19. UNDERTAKER Henry U. Mears and Son

(Address) 805 N. Calvert Street

20. FILED DEC 19 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 19 32, to Dec. 16, 19 32

I last saw h[illegible] alive on Dec. 16, 19 32 Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Broncho pneumonia	Dec 12
(b) Myocarditis	
(c) Edema Glottis	
Other contributory causes of importance:	
Cancer Rectum	
Stenosis of Sigmoid	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. T. Young M. D.

(Address) St. Joseph's Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ 2305 Eutaw

E 85527 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85527

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4661 Old Pimlico Rd 27-56 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Weisman

(a) Residence: No. 4661 Old Pimlico Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Abraham Weisman

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Meyer Rubenstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Emma Sanderson

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Rubenstein

(Address) 1108 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 12-18 1932

19. UNDERTAKER Isaac Lewis Inc

(Address) 739 E. Baltimore St

20. FILED DEC 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from March 13 1930 to Dec 16 1932

I last saw h alive on Dec 16 1932 Death is said to have occurred on the date stated above, at 9.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Other contributory causes of importance:	
Acute pulmonary oedema	12/16/32

Name of operation no Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Frank Lemmon M. D.

(Address) 2305 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Oliker

E 85528 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85528

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 113 N. Fremont Ave St. 4-26 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Freda Oliker

(a) Residence: No. 113 N. Fremont ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 28-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	—	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing manufacturer

10. Date deceased last worked at this occupation (month and year) January 15-32

11. Total time (years) spent in this occupation 25 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Marcus Oliker

14. BIRTHPLACE (city or town) (State or country) Russia Jewish

MOTHER

15. MAIDEN NAME Jennie Zaglin

16. BIRTHPLACE (city or town) (State or country) Russia Jewish

17. INFORMANT Julius Oliker
(Address) 113 N. Fremont ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Westfield Date 12-18 1932

19. UNDERTAKER Enoch Lewis Inc
(Address) 1439 E Balto St.

20. FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 1- 1932 to December 17- 1932

I last saw her alive on December 16 1932 Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary & Laryngeal Tuberculosis	12-20-31

Other contributory causes of importance:

none.

Name of operation none Date of —

What test confirmed diagnosis? Sputum Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1768-a

E 85529

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85529

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Goldie Kahn

(a) Residence: No. 2106 Bryant Ave St., Ward Balto. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kahn

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Alis

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tobie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Kahn

(Address) 2106 Bryant Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cremated Date 12-15 1932

19. UNDERTAKER Park Sausville Funeral Home

(Address) 1701 Eutaw Pl.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1932 to Dec. 18 1932

I last saw her alive on Dec. 18 1932 Death is said to have occurred on the date stated above, at 12-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	12/16/32
Acute Edema of Lungs	12/16/32

Other contributory causes of importance:

Arteriosclerosis

Bronchopneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Howard Stanford Clayman M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 85530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85530

82-601

CERTIFICATE OF DEATH

27-43

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. #2922 Hamilton Ave ST. ..... WARD)

2-FULL NAME Morton G. Estep

(a) RESIDENCE NO #2922 Hamilton Ave. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydia S. Estep

6 DATE OF BIRTH (month, day, and year) Jan 15th. 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	11	1	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Automobile
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman,
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER Morton Estep

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Francis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Lydia S. Estep

(Address) #2922 Hamilton Ave.

15 Filed DEC 16 1932 192 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Probably Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) History of Hypertension

(duration) yrs. ? mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) ..... Coroner, M. D.

Dec. 16 1932 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto Cem

DATE OF BURIAL 12/19 1932

UNDERTAKER Philip Herring 2016

ADDRESS Orleans

TION is very important. See instructions on back of certificate.

E 85531

1-30—M. & T.—100 B—50L.

E 85531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2511 Orleans st (St.) 6-10 (WARD)

2-FULL NAME Chas. F. Lutz

(a) RESIDENCE NO 2511 Orleans st ST., _____ WARD _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth M. Lutz

6 DATE OF BIRTH (month, day, and year) Feb 18 1883

7 AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
49	9	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Produce dealer
(b) General nature of industry, business, or establishment in which employed (or employer) himself
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto.

PARENTS

10 NAME OF FATHER Chas. F. Lutz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ger.

12 MAIDEN NAME OF MOTHER Fredericka L.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ger.

14 Informant Ruth M. Lutz

(Address) 2511 Orleans st

15 Filed _____, 193_ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (inquest, autopsy or inquiry.) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Myocardial Insufficiency

(duration) _____ yrs. _____ mos _____ ds.

CONTRIBUTORY (Secondary) History of stomach trouble Probably Uler (duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? _____

(Signed) _____, M. D. Coroner

19 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn

DATE OF BURIAL 12/20 1932

20 UNDERTAKER Philip Hering

ADDRESS 2016 Orleans st

Dec 18 1932

Huntington Willis

CHANGE OF DEATH in part items, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1368-9

85532

HEALTH DEPARTMENT—CITY OF BALTIMORE

85532

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 9-400 Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Bernard Coyne

(a) Residence: No. 206 E 31st St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	White	married

3a. If married, widowed, or divorced
HUSBAND of Thomas Coyne
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 6, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Patrick Coyne
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Dunbar
16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 20, 1932

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Hanover St Bc

Dec 19, 1932 Filed ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8/22, 1932, to 12/17, 1932.

I last saw her alive on 12/17, 1932. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 yr
Other contributory causes of importance: Metastasis	1 yr

Name of operation Exploratory Laparotomy Date of 7/21/32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Gordon M. D.
(Address) Mercy Hospital

M. D. H. 1268-b

85533

✓ E 85533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 15-681 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore Md St. Ward.

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James P. Morrissey

(a) Residence: No. 1945 Ridge Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Morrissey

6. DATE OF BIRTH (month, day, year) 6-19-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

FATHER

13. NAME John Morrissey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mandy Clark

16. BIRTHPLACE (city or town) (State or country) Blafox, W. Va.

17. INFORMANT Rwando Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cumberland Md Date Dec 18 19 32

19. UNDERTAKER Otto G. Rowe & Son
(Address) 11 W. Mount Royal Ave

20. FILED Dec 19 1932 Huntington W. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-3 , 1932 to 12-17 , 1932

I last saw h alive on 12-17 , 1932 Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular renal disease	10-1-32
Other contributory causes of importance: Acute myocardial insufficiency	12-10-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

12-18-32 (Signed) Elmer Highberger Jr. , M. D.

(Address) Balto. City Hospitals

Spec.—1-30—M. & T.—250 Bks

E 85534

E85534 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 Washington Blvd ST. 21-24 WARD)

2-FULL NAME Robert Leonard ~~Ellsworth~~ Hackley,

(a) RESIDENCE NO. 755 Washington Blvd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 30, 1932.

7 AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
		1	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Ellsworth Hackley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Savage Md.

12 MAIDEN NAME OF MOTHER Marian Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa.

14 Informant Ellsworth Hackley

(Address) 755 Washington, Blvd

15 Filed 12/19/1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1932, to Dec. 16, 1932.

that I last saw h[illegible] alive on Dec. 16, 1932.

and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. A. Strauss M. D.

12/17. 1932 (Address) 1901 Griffiss Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) (over)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Savage Md.

DATE OF BURIAL 12/19 1932

20 UNDERTAKER Frederick A. Cole

ADDRESS 1420 W. Fayette St.

M. D. B. 1268-9

E 85535

E 85535 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 East 33rd Street St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Oneill

(a) Residence: No. 2 East 33rd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Oneill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Isabella Cox

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Edith Wolfe
(Address) 2 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place (illegible) Date Dec 19 1932

19. UNDERTAKER John A. Mason
(Address) 3000 E. Balto St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1932 to Dec. 16, 1932

I last saw her alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis Auscultation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) E. T. Brechlee M. D.

(Address) 2104 St. Paul St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

DEC 19 1932

M. D. B. 1268-9

E 855366

E 855366 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilian Ennes

(a) Residence: No. 3113 Dillon st St., ... Ward.

(Usual place of abode) Same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Sept 29, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	2	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (20)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME James Ennis

14. BIRTHPLACE (city or town) (State or country) Va. ???.

MOTHER

15. MAIDEN NAME Anna V. Glenn

16. BIRTHPLACE (city or town) (State or country) Wilmington Del.

17. INFORMANT Mr. James Ennis (Address) 3113 Dillon St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Dec. 21 1932

19. UNDERTAKER John A. Tynan (Address) 3000 E. Balto St.

20. FILED ..... 19..... Registrar

DEC 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1932 to Dec 17, 1932

I last saw h... alive on Dec 17, 1932. Death is said to have occurred on the date stated above, at 4.15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	24 hrs
Other contributory causes of importance: Chronic Tonsillitis	
Toxemia	

Name of operation Resection of Bowel Date of 12/15/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert Kennedy M. D.

(Address) St Josephs Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85537

E 85537 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Cold Spring Lane St.) (Ward) 58

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? 61 yrs. mos. ds.

2. FULL NAME Charles Kagler

(a) Residence: No. 2623 Cold Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Mary Kagler

6. DATE OF BIRTH (month, day, year) June 18, 1855

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	77	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank A. Kagler
(Address) 2623 Cold Spring Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 12/19 1932

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights Ave.

20. FILED DEC 19 1932 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1932 to Dec 16 1932

I last saw him alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	Dec 15
Chronic myocarditis:	Unknown
Arterial Hypertension	Unknown

Other contributory causes of importance: Senile Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical and autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Ashman M. D.

(Address) 3012 Park Heights Ave

E M 85538 E 85538

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1506 Park Ave - Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME GAYLORD BROOKS

(a) Residence: No. 1506 Park Ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: May Virginia Brooks

6. DATE OF BIRTH (month, day, year): Dec 30th 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Realtor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Dec 1931

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Chauncy Brooks

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Armenia Ives

16. BIRTHPLACE (city or town) (State or country): Connecticut

17. INFORMANT: Gaylord Brooks Jr

(Address) 1506 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Date: Dec 19 1932

19. UNDERTAKER: Lowry F. Jenkins Inc

(Address) McCulloh & Richards St

20. FILED DEC 19 1932 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 17 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19 . 1932 to Dec 17, . 1932

I last saw him alive on Dec. 17, . 1932. Death is said to have occurred on the date stated above, at 12:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	1927

Other contributory causes of importance:

Arteriosclerosis	?
Myocarditis, chronic	1927

Name of operation: None effective myocardium Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Tilden Howard M. D.

(Address) 12 E. Eager St, Baltimore

Cor.—10-10-29—A Co.—100 Bks.

E 85539

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85539

CERTIFICATE OF DEATH

107-001

REGISTERED NO. 32-10

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3217 McTeigue St. Ward)

2-FULL NAME James Leroy Tyre Jr.

(a) RESIDENCE NO. 3217 McTeigue St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 26, 1930

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	2	5	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER James L. Tyre Sr.

11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Helena Rane

13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant James L. Tyre Sr.
(Address) 3217 McTeigue St.

15 Filed CITY 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Bilateral Broncho-pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Typical Signs

(Signed) Guy H. Thomsett M. D.

12/17 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westminster Asy	Dec 20 1932
20 UNDERTAKER	ADDRESS
Joseph A. Lively	4092 W. Mount St

IMPORTANT—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

AdCo. 5-H 250B

85540 HEALTH DEPARTMENT—CITY OF BALTIMORE 85540

CERTIFICATE OF DEATH

87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1111 Myrtle Ave St. 17-24 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Davis

(a) Residence: No. 1011 Myrtle Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Davis

6. DATE OF BIRTH (month, day, year) Nov 15 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
60	1	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME William Davis
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Helen Davis
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Helen Brown
(Address) 1011 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date Dec 19 1932

19. UNDERTAKER Joseph A. Lucky
(Address) 1409 N Mount St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932 to Dec 15, 1932
I last saw him alive on Dec 15, 1932 death is said to have occurred on the date stated above, at 6:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 12 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) W. H. Casey M. D.
(Address) 1515 Eutaw St

E 85541

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85541

CERTIFICATE OF DEATH

Registered No. 27-54 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Ward) Lib

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Leroy F. Wilhelm Baltimore

(a) Residence: No. Lesudale St., Ward. OF SP.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Wilhelm

6. DATE OF BIRTH (month, day, year) Sept 27, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly 39

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) md (State or country)

FATHER

13. NAME Clarence E. Wilhelm

14. BIRTHPLACE (city or town) md (State or country)

MOTHER

15. MAIDEN NAME Maude M. Madgett

16. BIRTHPLACE (city or town) md (State or country)

17. INFORMANT Clarence E. Wilhelm

(Address) 3726 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Hampden Date Dec 19, 1932

19. UNDERTAKER Chenoweth Sons

(Address) 3615-17 Chestnut Ave

20. FILED 12/19/32, 19.. H H Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/15/32, 19.., to 12/15/, 1932

I last saw him alive on 12/15/, 1932 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary - Ruptured appendix	12/13/32
Secondary - General Peritonitis	12/13/32
& Toxemia	12/15/32

Other contributory causes of importance:

Name of operation Separate types of appendectomy Date of 12/15/32

What test confirmed diagnosis? operation Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Frankel Clarke M. D.

(Address) Sinai Hospital

M. D. R. 1268-9

E 85542

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85542

CERTIFICATE OF DEATH

V 165

Registered No. 70-69

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2688 St Benedict St., 70 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Frank Schustag

(a) Residence: No. 2688 St Benedict St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced
HUSBAND (or WIFE) of Christina Schustag

6. DATE OF BIRTH (month, day, year) Oct 20-1867

7. AGE: Years 65 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as mill, mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 01 3

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Fritz Schustag

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kuhnmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Gustav F. Wannemacher

(Address) 2520 N. Gadd Ln

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/19/32

19. UNDERTAKER F. B. Wagaman

(Address) 1300 Eutaw Place

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16/32

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw b alive on 19 Death is said to have occurred on the date stated above, at 40 m

The principal cause of death and related causes of importance were as follows:

Suicide by Hanging by a rope from fireplace

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes, (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 12/16 1932

Where did injury occur? 2688 St. Benedict St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of Injury Suicide

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Guy H. Cromwell M. D.
Coroner

12/18/32 Address 213 Patapsco Ave. Brooklyn

M. D. H. 1268-9

85543 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85543

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 4-6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Madden

(a) Residence: No. 48 Market Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	??????

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME 00

14. BIRTHPLACE (city or town) (State or country) 00

MOTHER

15. MAIDEN NAME 00

16. BIRTHPLACE (city or town) (State or country) 00

17. INFORMANT Police Dept
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Medical College Date Dec 17 19 32

19. UNDERTAKER Baltimore Health Dept.
(Address)

DEC 19 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1. 15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	??
Purulent Meningitis	

Other contributory causes of importance:
Sclerosis of Coronary Arteries
(Probably exposure & lacked care

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E Fayette

M. D. B. 1262-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85544 E 85544

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 Jasper St. 11-24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lettie Burnett

(a) Residence: No. 640 Jasper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John W Burnett

6. DATE OF BIRTH (month, day, year) 1876

7. AGE 56 Years	Months ?	Days ?	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Tenton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ? Johnson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John W Burnett
(Address) 640 Jasper St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 12/20 1932

19. UNDERTAKER Samuel A Kemsley
(Address) 515 N Mitchell St

DEC 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1932 to Dec 5 1932

I last saw her alive on Dec 5 1932. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	1 Yr
Other contributory causes of importance: None	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. K. Pettigrew, M. D.

(Address) 817 Gorsuch Ave

M. D. H. Form 85545

E 85545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3038 Belmont Ave (Street) 16-17 (Ward)

Length of residence in city or town where death occurred 49 yrs. 4 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan Sutherland Penn

(a) Residence: No. 3038 Belmont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 8, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Addison E. Mullikin

10. Date deceased last worked at this occupation (month and year) Dec. 6 1932

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Richard Penn

14. BIRTHPLACE (city or town) (State or country) Dover England

MOTHER

15. MAIDEN NAME Susan Young

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Miss Rena Penn
(Address) 3038 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 19 1932

19. UNDERTAKER Wm. Pickuer & Sons
(Address) No. 22 E. Pleasant St.

20. FILED Dec 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1932, to Dec. 16, 1932.

I last saw h[illegible] alive on Dec 15th, 1932. Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec 5
Other contributory causes of importance:	
Cardiac insufficiency	Dec 15

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter A White Jr, M. D.

(Address) 2800 St Paul St.

M. D. B. 1930

85546

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 85546

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 19-27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Stella May Landon

(a) Residence: No. 1538 N. Balto. St, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph W. Landon

6. DATE OF BIRTH (month, day, year) June 12, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54 ~~55~~	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm Yonse

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Margaret Rookingland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Henry C. Chelton

(Address) 2116 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec ... 1932

19. UNDERTAKER Wm Pickup & Sons

(Address) Lynch & Paines

20. FILED ... 19... Registrar.

19 1932 Huntington Printing Co., Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-17 1932 to 12-18 1932

I last saw h~~er~~ alive on 12-18 1932 Death is said to have occurred on the date stated above, at 7 10 a.m.

The principal cause of death and related causes of importance were as follows:

Lung Cancer — Date of onset

Other contributory causes of importance:

Cardio-Vas. Renal Disease

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. K. Baugh M. D.

(Address) Md. General Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-4

E 85547

85547 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 46-70

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3319 N. Caton Ave St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Borman

(a) Residence: No. 3319 N Caton Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Joseph J. Borman

6. DATE OF BIRTH (month, day, year): Nov. 19 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Gerhardt Walker

14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER

15. MAIDEN NAME: Not Known.

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Joseph J. Borman

(Address) 3319 N Caton ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Cross Cem. Date: 12-20 1932

19. UNDERTAKER: E + B Harle

(Address) 115 E West St.

20. FILED 12/19/1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset: Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Guy K. Cromwell M. D. Coroner

12/19/32 (Address) 208 Patapsco Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85548

E 85548

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1151 E Lombard St., 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morris Sockel

(a) Residence: No. 1151 E Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Phil Sockel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jacobs

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Sockel

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lehr Mt Carmel Date Dec 19, 1932

19. UNDERTAKER L Levin & Bro

(Address) 127 E Baltimore St

DEC 19 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostate Path, Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. F. Neuse M.D. Coroner

(Address) 1305 N Eutaw St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85549

E 85549

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. St. 27-5W Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 45 yrs. ... mos. ... ds.

2. FULL NAME Lena Ginsberg.

(a) Residence: No. Levindale St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob.

6. DATE OF BIRTH (month, day, year) - 1827

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
105	-			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Friendship Date Dec 19. 1932

19. UNDERTAKER L. Lehnson Bro

(Address) 1127 E Baltimore St

Registrar

20. FILED DEC 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18. 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-12. 1932 to 12-18. 1932

I last saw her alive on 12-18. 1932 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. valvular disease	
Arterio sclerosis	
Hypertension	

Other contributory causes of importance:

Senile changes

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edmund Levin M. D.

(Address) Levindale

M. D. B. 1268-9

E 85550

E 85550 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Homer P Offenberger

(a) Residence: No. Hagerstown, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Laurelle (State or country) Md.

FATHER

13. NAME Jules P Offenberger

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Kough

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma J Offenberger
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Smithburg Md Date 12/21/32

19. UNDERTAKER William F Bast & Son
(Address) Boonsboro Md

20. FILED ... 19... Registrar.

DEC 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 18th, 1932, to December 18th, 1932
I last saw him alive on December 18th, 1932 Death is said to have occurred on the date stated above, at 9.15 P.m.

The principal cause of death and related causes of importance were as follows:

Encephalitis — Date of onset Oct 30th

Other contributory causes of importance:

Pneumonia — Date of onset 12-18-1932

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Frederick Sinnott M. D.
(Address) University Hospital

M. D. B. 1268-9

85551 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85551

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Woodyear St. 16-23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 43 yrs. ... mos. ... ds.

2. FULL NAME Louis Roseman

(a) Residence: No. 1101 Woodyear St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of WIFE of Estelle Roseman

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Soloman Roseman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Freda

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr A Roseman-Brother

(Address) 2414 E Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date 12-19-1932

19. UNDERTAKER Stack Sons Inc

(Address) 1439 E Baltimore St Baltimore, Md

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1932 to 12/18, 1932

I last saw him alive on 12/18, 1932 Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12/17/32
Chronic myocarditis	12/1-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A A Zinberg, M. D.

(Address) 2306 Eutaw Pl

AaCo. 5-31 2500

E 85552 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85552

CERTIFICATE OF DEATH

Registered No. 23-003

1. PLACE OF DEATH Jenkins Memorial Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1000 Eaton Ave St. 12 Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Miss Elizabeth Byrne

(a) Residence: No. 616 Park Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) January 1834

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
98 yrs.	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chambersburg Penna.

FATHER

13. NAME Lawrence Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McSherry

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Eaton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Charles Cem. Date 12/20 1932

19. UNDERTAKER Henry H. Myers & Son
(Address) 802 N. Eutaw St.

DEC 19 1932

20. Filed Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1932 to Dec. 17th 1932

I last saw h— alive on December 16 1932 death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Cerebral finding	

Other contributory causes of importance:

arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) N. Alfred Yaffee M. D.

(Address) 811 Cathedral St

M. D. B. 1268-9

85553

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85553

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Truman Peter Wareham

(a) Residence: No. Westminster, Maryland St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year) Nov 24 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West minster Md

FATHER

13. NAME Peter Wareham

14. BIRTHPLACE (city or town) (State or country) Westminster Md

MOTHER

15. MAIDEN NAME Ina Shipley

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Md Date 12-19- 1932

19. UNDERTAKER Frank Rein

(Address) Westminster Md

DEC 19 1932

Filed ..... 19..... Reg. No. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-5 1932 to 12-19 1932

I last saw him alive on 12-19 1932 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/29/32

Other contributory causes of importance:

Pneumonia Bronchial	12-15-32

Name of operation Staphylorrhaphy Date of 12-6-32

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. T. Crane M. D.

(Address) Md General Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

E 85554 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85554

107-01

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 Pa. Ave St. 15-21 WARD)

2-FULL NAME Benjamin B. Freeny

(a) RESIDENCE NO. 1638 Pa. Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of Addie M. Freeny

6 DATE OF BIRTH (month, day, and year) Oct 13. 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	2	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Garage Proprietor

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Wicomico Co. Md

PARENTS

10 NAME OF FATHER Peter Freeny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Betsy M. Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles Freeny
(Address) Stephens Station Md

15 Filed DEC 19 1932, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 17th 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1932, to Dec 17th, 1932.

that I last saw him alive on Dec. 17th, 1932

and that death occurred, on the date stated above, at 7.45 P. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Usual Routine

(Signed) Edward C. Reifsnider, M. D.

, 19 (Address) 2245 Reisterstown Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Delaware

DATE OF BURIAL Dec 20 1932

20 UNDERTAKER Harry W. Ehlen

ADDRESS 1544 N. North Ave

85555

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85555

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 W Lanvale St., 11-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Ebeling

(a) Residence: No. 207 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Flora A Ebeling

6. DATE OF BIRTH (month, day, year) Aug 10th 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George W Ebeling
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Marie Kessel
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Flora A Ebeling
(Address) 207 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Salem Lutheran Cem Date 12/21, 1932

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Baltimore Sts

12/19 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932 to Dec 19, 1932

I last saw him alive on Dec 18, 1932 death is said to have occurred on the date stated above, at 2:30 m. AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 19

Other contributory causes of importance:

Arteriosclerosis

None

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene J Leaper, M. D.

(Address) 200 W Lafayette Ave.

M.D. 85556

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 85556

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 13-59 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Russey Adkins

(a) Residence: No. 2128 Morris St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME Russey Adkins

14. BIRTHPLACE (city or town) (State or country) SC

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ada Wilson
(Address) 2515 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place MT Auburn Date 12-17-32

19. UNDERTAKER Bernard P. Hanley
(Address) 313 Pleasant St

20. FILED ... 19... Registrar.

12 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	...

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9

85557. Sehnke

E 85557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St., 8-16 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Sehnke

(a) Residence: No. 1809 N. Milton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Sehnke

6. DATE OF BIRTH (month, day, year) 8-7-'52

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 11 years

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Richard Sehnke

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Ernestine Sehnke

16. BIRTHPLACE (city or town) (State or country) Germany Unknown

17. INFORMANT Records

(Address) Balto City Hospt.

18. BURIAL, CREMATION, OR REMOVAL

Trinity Cemetery Dec. 20. 1932

Place Date

19. UNDERTAKER Henry Sander & Sons, Inc.

(Address) Baltimore St. & Broadway

20. FILED 19 ... Registrar

19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-11-1932 to 12-17-1932

I last saw him alive on 12-17 1932 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchio Pneumonia	
Other contributory causes of importance: Generalized Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry Fredrick M. D.

(Address) ...

M. D. B. 1269-9

85558

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85558

107-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [redacted] St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William F Greenwald

(a) Residence: No. 528 South Conkling Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE of~~: Sophia Greenwald

6. DATE OF BIRTH (month, day, year): Dec 1, 1865

7. AGE: Years 67 | Months 0 | Days 17/16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Herman Greenwald

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Minnie Pfeffer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Date: 12/20, 1932

19. UNDERTAKER: William Kawrowski
(Address): 1618 Eastern Ave.

20. FILED: 12/19/1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932 to Dec 17, 1932

I last saw h alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 2:50 A m.

The principal cause of death and related causes of importance were as follows: (Enter one cause per line for (a), (b), and (c).)

		Date of Onset
(a)	Prostatic Hypertrophy	1926
	Urinary Retention	Dec 1, 1932
	Acute	
(b)		
(c)		

Other contributory causes of importance: Generalized Bronchial 12/16/32

Name of operation: Exposure & Drainage Date of: 12/16/32

What test confirmed diagnosis? N.G.N. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm Bruce Schaffner M.D.

(Address) Balto City Hospitals

A&Co. 5-H 2508

85559 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85559

CERTIFICATE OF DEATH

Registered No. 446

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 S Hanover St. 2-14 Ward)

Length of residence in city or town where death occurred 25 yrs. mos ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Holland

(a) Residence: No. 217 S Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced (or) WIFE of Andrew Holland

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day... hrs or min.
about 45	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

MOTHER FATHER

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Ella ?
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ella Bennett (Niece)
(Address) 1621 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 12/19/32

19. UNDERTAKER Robert E Williams & Co
(Address) 1618 McCulloh St

Huntington Williams, Reg.
Registrar.

DEC 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Dec 14, 1932

I last saw h[illegible] alive on Dec 13, 1932 death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum & Metastasis throughout pelvis	unknown
Other contributory causes of importance: Bronchopneumonia (hypostatic)	1 wk

Name of operation none — Date of

What test confirmed diagnosis? Physical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R Ulrey M. D.
(Address) 1424 E Monument St

Spec.—9-30—A. & Co.—250 Bks.

E 85560 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85560

CERTIFICATE OF DEATH.

50

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Jackson ST 24 WARD) 24-33

2-FULL NAME Elsie H. Howard

(a) RESIDENCE NO. 1405 Carlson ST 24 WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter W. Howard

6 DATE OF BIRTH (month, day, and year) Nov 26 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39		21	

8 OCCUPATION OF DECEASED 037

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Louis Max. Norman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary E. Wise 12/17/32

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Walter W. Howard
(Address) 1405 Carlson Huntington Station, N.Y.

15 ... Registrar

DEC 19 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 17/32

17

I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to Dec 17, 1932

that I last saw h alive on Dec 17, 1932

and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Breast

(duration) Indefinite yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Ephemeral fever

(duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of Nov 7/32

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) H. L. Cambell M. D.

12/17 1932 (Address) 1644 Hanover

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn Cemetery

DATE OF BURIAL Dec 20 1932

20 UNDERTAKER Jonah Byfer

ADDRESS Hyattsville Md

M. D. B. 1916

85561

26920

E 85561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3-4 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eloise Ames

(a) Residence: No. 1519 E Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Child

(5a. If married, widowed, or divorced HUSBAND of (or) WIFE of)

6. DATE OF BIRTH (month, day, year) 12/9/26

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	6		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Leonard Ames

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Linnard

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Date Dec 18. 1932

19. UNDERTAKER John W Henderson
(Address) 1502 E Monument st

20. FILED DEC 19 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1932 to Dec 16, 1932

I last saw her alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis - disseminated	1 M
Myocardial failure	
? Rheumatic fever	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John A Washington M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

85562 E 85562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 W Mulberry St. 19-26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby boy Carter

(a) Residence: No. 1311 W. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Phillips Carter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Amanda Bluey

16. BIRTHPLACE (city or town) (State or country) Hyde Co. Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Dec 19, 1932

19. UNDERTAKER [illegible]
(Address)

DEC 19 1932, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Dec 16, 1932

I last saw h.IM. alive on Dec 16, 1932. Death is said to have occurred on the date stated above, at 10:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abortion 26 wks.	
Spontaneous	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Dwight T. Kirkpatrick M.D.

(Address) Med. Sch. Balto

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85563

CERTIFICATE OF DEATH

87-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9-11 St., E. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Drake

(a) Residence: No. 300 E 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Feb. 15, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oys

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Neil Drake

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Dr. G.A. Drake
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 12/20/1932

19. UNDERTAKER Harry Pentz & Co
(Address) 4101 Edmondson Ave

20. FILED DEC 19 1932 by Huntington Pentz, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932 to Dec 16, 1932

I last saw him alive on Dec 15, 1932. Death is said to have occurred on the date stated above, at 11 25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Cerebral Thrombosis	
(a) Thrombosis L. left femoral vein	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dean A. Clark, M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-31 250B

E 85564 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85564

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ....yrs. 2 mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME James A. Gannon

(a) Residence: No. 1626 - 55th Ave., Oakland, Calif St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 16, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	11	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck hand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country) California

FATHER
13. NAME Edward F. Gannon
14. BIRTHPLACE (city or town) ..... (State or country) Ireland

MOTHER
15. MAIDEN NAME Margaret Lorenzen
16. BIRTHPLACE (city or town) ..... (State or country) California

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 12/19, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED DEC 19 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1932, to December 16, 1932

I last saw him alive on December 16, 1932 death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right lower lobe right upper lobe and left lower lobe	12-7-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible], M. D.
(Address) U.S. Marine Hospital, Balto., MD

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85565

CERTIFICATE OF DEATH

E 85565

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise S. Burkeath

(a) Residence: No. 1510 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 22, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Albert Burkeath

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Verna Poole

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Hospital Records
(Address) Md. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date 12/21, 1932

19. UNDERTAKER Harry T. Nuttle
(Address) 1101 Eutaw Pl.

20. FILED DEC 19 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1932 to 12-18, 1932

I last saw h[illegible] alive on 12-18, 1932 Death is said to have occurred on the date stated above, at 9:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	12-14
Other contributory causes of importance: Acute Intestinal Toxemia	12-17

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Grace M. D.

(Address) Md. General Hospital

M. D. B. 1268-9

85566 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 85566

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3203 Pressman St. 16-67 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa F. Miles

(a) Residence: No. 3203 Pressman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William R. Miles

6. DATE OF BIRTH (month, day, year) June 23 1846

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crisfield
(State or country) Md.

MOTHER FATHER

13. NAME Louis Laughton

14. BIRTHPLACE (city or town) Crisfield
(State or country) Md.

15. MAIDEN NAME Elizabeth Rogers

16. BIRTHPLACE (city or town) Crisfield
(State or country) Md.

17. INFORMANT Anna S. Coles
(Address) 3203 Pressman

18. BURIAL, CREMATION, OR REMOVAL
Place Crisfield Md. Date Dec 20 1932

19. UNDERTAKER Richard F. Hunter
(Address) 708 E. Fairmount ave

20. Filed DEC 19 1932, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932 to Dec 18, 1932

I last saw her alive on Dec 17, 1932 Death is said to have occurred on the date stated above, at 4 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Dec 12
Grippe	Dec 10

Other **contributory causes** of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Homer L. Todd, M. D.

(Address) 705 N. Fulton Ave.

Spec.—2-29-28—L. F. S.—500 Blks.

E 85567 ✓ E 85567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1818 Park Ave. ST. (WARD)

2—FULL NAME Margaret Lee Barker

(a) RESIDENCE NO. 24 Township Road, Dundalk ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 6 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Marvin Barker

6 DATE OF BIRTH (month, day, and year) April 28, 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, County Maryland

10 NAME OF FATHER Richard Akehurst

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Julia Kidd

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Mr Marvin Barker

(Address) 24 Township Road, Dundalk

15 Filed C 19 1932 Huntington Williams Md Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 16th 1932

17 I HEREBY CERTIFY, That I attended deceased from Nov 16th, 1932, to Dec 16th, 1932, that I last saw h[illegible] alive on Dec 16th, 1932 and that death occurred, on the date stated above, at 11.30 P. m.

The CAUSE OF DEATH* was as follows:

General Carcinomatosa

(duration) 1 mos. ds.

CONTRIBUTORY (Secondary) Carcinoma of Sigmoid

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None.

(Signed) William Dressick, M. D.

12/8. 1937 (Address) 1700 Linden Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Olivet Cemetery	Dec. 19, 1932
20 UNDERTAKER E. Leroy Stauffer & Inc.	ADDRESS 125 E. North Ave.

A&Co. 5-31 250B

85568 HEALTH DEPARTMENT—CITY OF BALTIMORE 85568

CERTIFICATE OF DEATH

95-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1611 John St. 14-28 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mina Sarah Klein

(a) Residence: No. 1611 John St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter J Klein

6. DATE OF BIRTH (month, day, year) Dec 13, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1/ Jn

11. Total time (years) spent in this occupation 20 y

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Martin M Benton

14. BIRTHPLACE (city or town) (State or country) N Y

MOTHER

15. MAIDEN NAME Sarah A Bryon

16. BIRTHPLACE (city or town) (State or country) N Y

17. INFORMANT Mrs Abbie M Whitney

(Address) 1603 John St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 20 1932

19. UNDERTAKER John Kellner

(Address) 2008 Eutaw St

20. FILED Dec 19 1932 Huntington Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to Dec 17, 1932

that I last saw h.er alive on Dec 17, 1932 death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventricular heart block	Aug 1932
Other contributory causes of importance:	
Arteriosclerosis	several years
Hypertension, primary	

Name of operation ..... Date of —

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marion C Folsom M. D.

(Address) Woodlawn Hospital

A4Co. 5-31 2508

E 85569

85569 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 514 N. Caroline St. 6-11 (Ward)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 4 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry R. Gatton Jr

(a) Residence: No. 514 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 14 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Harry R. Gatton Sr

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Wolf

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Gatton Sr
(Address) 514 N. Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 19. 1932

19. UNDERTAKER Jos Sverdens & Son
(Address) 2123 Eager St

20. FILED Huntington Willenett M.D. Registrar
DEC 20 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 . 1932

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1932, to December 18, 1932

I last saw him alive on Dec. 17 1932 death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo-colitis - acute	12-1-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Allen E. Bartham M. D.

(Address) 3139 E. Baltimore St

A4Co. 5-31 250B

85570

HEALTH DEPARTMENT—CITY OF BALTIMORE 85570

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 351 Furrow St. St. 20-64 Ward)

Length of residence in city or town where death occurred 76 yrs. 2 mos. 18 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Schuhmacher

(a) Residence: No. 351 Furrow St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Elizabeth Schuhmacher

6. DATE OF BIRTH (month, day, year) Sept. 29-1856.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brush Factory.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Phillip Schuhmacher.
14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Elizabeth Schuhmacher.
(Address) 351 Furrow St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery. Date Dec. 20, 1932.

19. UNDERTAKER Charles J. Schwab.
(Address) 505 N. Monroe St.

DEC 19 1932 Huntington Millinery Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-7-, 1932, to 12-16-, 1932
I last saw him alive on 12-16- 1932 death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Chronic Nephritis	7
Arteriosclerosis.	

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify

12/19/32 (Signed) M. Hilda Fleming M.D.
(Address) 2000 Hollins St

M. D. B. 1268-9

E 85571 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85571.

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (St., Ward)

Length of residence in city or town where death occurred 12 yrs. 3 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Kutz

(a) Residence: No. 2803 Wilkens Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clilia Kutz

6. DATE OF BIRTH (month, day, year) Aug 24-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Stock Yards

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh Penn

13. NAME Jacob Kutz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Emmons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. M. Quelsick

(Address) 3360 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/19/32

19. UNDERTAKER F. B. Wyglist

(Address) 1500 Eastern Ave

DEC 19 1932 Washington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16/32

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 .. to .., 19 ..

I last saw him alive on injury, 19 .. Death is said to have occurred on the date stated above, at 11.0 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia following operation for incarcerated hernia. Fracture left fibula	12/14/32
Other contributory causes of importance: Struck by automobile	11/5/32

Name of operation Incarcerated inguinal hernia Date of 12/13/32

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of Injury 11/5/1932

Where did injury occur? Wilkens Ave & Lynn Falls Way (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking

Nature of injury across Wilkens Ave 11/5/32

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2252 E Madison St

M. D. R. 1268-9

E 85572 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85572

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md St. [illegible] Ward) 15-32

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Patterson

(a) Residence: No. 1421 Presstman St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8-9-1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Newark, N. J.

MOTHER FATHER

13. NAME Alfred Lee

14. BIRTHPLACE (city or town) (State or country) West Indies

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cem. Md. Date Dec 17, 1932

19. UNDERTAKER Dorsett Garage

(Address) 916 Park Ave

FILED DEC 19 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1932, to 12-14, 1932

I last saw him alive on 12-14, 1932 Death is said to have occurred on the date stated above, at 4:30 a m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-12-32
Meningitis [illegible]	12-12-32

Other **contributory causes** of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-15-32 (Signed) Elmer Highberger Jr M. D.

(Address) Balto City Hospitals

W. D. 1000

85573 26559 4 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85573

CERTIFICATE OF DEATH X 137

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Ritenour

(a) Residence: No. Front Royal St., ... Ward. Virginia
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susan

6. DATE OF BIRTH (month, day, year): 10-15-57

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter, (15)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Jonathen Ritenour

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: ann Ruckette

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Front Royal Date Dec 19 1932

19. UNDERTAKER William G. Schaffer
(Address) 1816 E. monument St

FILED 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932 to Dec 19, 1932

I last saw him alive on Dec 19, 1932 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	2 yrs
Chronic Nephritis	
Myocarditis	
Multiple Pulmonary Emboli	6 wks

Other contributory causes of importance:
Cardiac decompensation

Name of operation Perineal Prostatectomy Date of 10/12/32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Hall S. Leyburn M. D.

(Address) Johns Hopkins Hosp.

JOHNS HOPKINS HOSPITAL

DEC 19 1932

JOHNS HOPKINS HOSPITAL

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85574 E 85574

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH — Balto City Hospitals

CITY OF BALTIMORE: (No. Balto. Md. St. 22-30 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Pinky Harris

(a) Residence: No. 502 Eisler St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Frank Harris

6. DATE OF BIRTH (month, day, year) — 4-15-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	— 2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —

10. Date deceased last worked at this occupation (month and year) — —

11. Total time (years) spent in ~~this~~ occupation — 37

12. BIRTHPLACE (city or town) (State or country) — norfolk, Va.

MOTHER FATHER

13. NAME — George Mason

14. BIRTHPLACE (city or town) (State or country) — Dennwood Va

15. MAIDEN NAME — Harriet Lyles

16. BIRTHPLACE (city or town) (State or country) — Dennford Va

17. INFORMANT — Record, Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place University of Md Date Dec 19 1932

19. UNDERTAKER — [illegible]
(Address)

20. FILED 19 1932 — [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — 12-14-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-10-1932 to 12-14-1932

I last saw h[illegible] alive on 12-14-1932 Death is said to have occurred on the date stated above, at 6:50 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other **contributory causes** of importance:

None

Name of operation — no Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

12-15-32 Edward H. Peters M. D.
(Signed)

(Address) Balto City Hospitals

AACo. 5-31 250B

E 85575

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85575

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2468 Brentwood Ave (Ward) 50

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Edward Brooks

(a) Residence: No. 2468 Brentwood Ave, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or race C | 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 3 1932

7. AGE: Years | Months 1 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Wm Edward Brooks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Katherine Jane Brennan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Katherine Brooks
(Address) 2468 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL Date Dec 19 1932
Place Mt Wood Cemetery

19. UNDERTAKER Wilmington Williams
(Address) 19 Lexington

Registrar

Dec 19 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1932

I HEREBY CERTIFY, That I attended deceased from Nov 3-32, 1932 to Dec 18, 1932 death is said to have occurred on the date stated above, at ... m.

I last saw her alive Dec 18, 1932

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Influenza

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ed B Allen, M. D.

(Address) 30 Chesapeake St

M. D. B. 1268-9

85576

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85576

CERTIFICATE OF DEATH

161-004

Registered No.

1. PLACE OF DEATH Maryland Gen. Hospital

CITY OF BALTIMORE: (No. 15-65 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2½ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Daugherty

(a) Residence: No. 4062 Bateman Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/14/32

7. AGE	Years	Months	Days 3	If LESS than 1 day, ...hrs. or ....min.
			2½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Daugherty

14. BIRTHPLACE (city or town) (State or country) Wilmington Del.

MOTHER

15. MAIDEN NAME Sophia Cummings

16. BIRTHPLACE (city or town) (State or country) Tunnelton W. Va.

17. INFORMANT Hospital Record

(Address) MD. Gen. Hospt.

18. BURIAL, CREMATION, OR REMOVAL

Place Md General Hospital Date 12-19-32

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible] Registrar.

9 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/32

22. I HEREBY CERTIFY, That I attended deceased from 12/14/32 to 12/17/32

I last saw h e alive on 12/17/32. Death is said to have occurred on the date stated above, at 1.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Hemorrhagic disease of newborn.	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) [illegible] M. D.

(Address) Md. General Hospital

M. D. B. 1268-9

85577 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85577

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. V 45-63 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

2. FULL NAME Arthur H. C. Atkinson

(a) Residence: No. 4029 Belle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Allen Atkinson.

6. DATE OF BIRTH (month, day, year) Jan 31. 1870.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	11 10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician. 029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Fixtures Mfg.

10. Date deceased last worked at this occupation (month and year) September 1932.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Newcastle, England on Tyne.

FATHER

13. NAME Thomas C Atkinson

14. BIRTHPLACE (city or town) (State or country) Greenlaw N.S.

MOTHER

15. MAIDEN NAME Agnes Lyall

16. BIRTHPLACE (city or town) (State or country) St Johns Canada

17. INFORMANT Thomas Allen Atkinson

(Address) 4029 Belle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Ridge Cem. Date Dec 20. 1932

19. UNDERTAKER Harry M. Armacost & Son

(Address) 4204 Pikesville Ave.

20. FILED Huntington Williams, M.D.

9 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17. 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/2/32. 19..... to December 17. 1932

I last saw him alive on December 17. 1932 Death is said to have occurred on the date stated above, at 4 53 p.m.

The principal cause of death and related causes of importance were as follows:

(1) Epithelioma of cheek - metastasis to neck and supraclavicular lymph glands

(2) Respiratory failure -

Date of onset 1929

Other contributory causes of importance:

Name of operation Excision of tumor Date of 9/12/32.

What test confirmed diagnosis? Path. Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) ..... General Hospital

M. D. B. 1268-9

85578 HEALTH DEPARTMENT—CITY OF BALTIMORE 85578

CERTIFICATE OF DEATH

Registered No. XV 93-003

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Stevenson Rd St) 12-4-49

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. W. Irvine Cross

(a) Residence: No. Stevenson Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	white	Single

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 20. 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lawyer

10. Date deceased last worked at this occupation (month and year) 12. 12. 32

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Andrew Cross

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Dickey

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mr. Hubert Fletcher

(Address) Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakford Pa Date Dec 20, 1932

19. UNDERTAKER Henry McDaniel's Son Co

(Address) Eutaw & Mt. Holly St

Filed ..., 19.. Registrar.

91932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12. 15, 1932 to 12. 18, 1932

I last saw him alive on 12. 18, 1932 Death is said to have occurred on the date stated above, at 6.20 m.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia, Diffuse — Date of onset 12. 12. 32

Other contributory causes of importance: Chronic Myocarditis, Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

E 85579 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85579

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 340 E 20th St (St.) 9-18 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

1/31/33 JES

2. FULL NAME Michael Joseph Byrne

(a) Residence: No. 340 E 20th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas Md

13. NAME James F Byrne

14. BIRTHPLACE (city or town) (State or country) Texas Md

15. MAIDEN NAME Julia E Conway

16. BIRTHPLACE (city or town) (State or country) Texas Md

17. INFORMANT Miss Margaret Byrne

(Address) 340 E 20th St

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Md Date Dec 20 1932

19. UNDERTAKER Mary M. Medford

(Address) 701 Eutaw St

Interment Williams

Registrar

8 1932 C.P.H.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1932 to December 17th 1932

I last saw ... alive on December 17 1932. Death is said to have occurred on the date stated above, at 12:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	
Carcinoma - Rectum	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) John A. Schenrich M. D.

(Address) 1337 S. Charles St

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85580 E 85580

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 S. Clinton St. 26-2 Ward)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 34 yrs. ... mos. ... ds.

2. FULL NAME Pietro Sessa

(a) Residence: No. 331 S. Clinton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosalia Sessa

6. DATE OF BIRTH (month, day, year) March 25, 58

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	8	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gro

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Gaetano Sessa

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosaria

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Charles Sessa
(Address) 100 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 12/20, 1932

19. UNDERTAKER Frank V. Pistone
(Address) 218 E. Baltimore St

..... 19..... Registrar.

9 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-17-, 1930 to 12-17, 1932

I last saw h in alive on 12-17, 1932 death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arteriosclerosis with hypertensive cardio renal -	several years
Other contributory causes of importance: acute suppression of urine	3 days

Name of operation non - Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) S. Simeone M. D.

(Address) Medical Arts Bldg

1-30—M. & T.—100 B—50L

85581

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85581

CERTIFICATE OF DEATH

209

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Hanover St near Cromwell St. WARD 23-33

2-FULL NAME James J, Jackson.

(a) RESIDENCE NO. 1220 Marshall St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 8 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of ~~XXXXXXXXXXXX~~ ~~XXXXXXXX~~ Laura V. Jackson.

6 DATE OF BIRTH (month, day, and year) March 25, 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	8	22	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Track man.
(b) General nature of industry, business, or establishment in which employed (or employer): United Railways & Electric Company.
(c) Name of employer: Baltimore, Md.

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER: John Jackson.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore, Md.

12 MAIDEN NAME OF MOTHER: Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore, Md.

14 Informant: Laura V. Jackson. (wife)
(Address) 1220 Marshall St

15 12-9 1932. Huntington Williams M.D. Registrar
A.C.H.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 17, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:
Fracture of the skull. Struck, knocked down and dragged by U. R. & E. Co. ~~car~~ street car. Occidental Death

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Hartstadt, M. D. Coroner

12/19/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friendship Cem. Annex

DATE OF BURIAL: Dec 20, 1932

20 UNDERTAKER: Chenoweth Bros.

ADDRESS: 3615 Clifton Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85582 E 85582

CERTIFICATE OF DEATH

92-20

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 Portugal Street St. 2-4 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Maryanna . Kuchcinski

(a) Residence: No. 2020 Portugal Street St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Joseph . Kuchcinski (Son)
(Address) 2020 Portugal Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem. Date Dec. 20, 1932

19. UNDERTAKER John W. Nebus
(Address) 402 S Chester St

20. FILED 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis — Date of onset .....

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Newgarden, M. D.

(Address) 1305 Eutaw Pl. Coroner

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

85583

CERTIFICATE OF DEATH

x 23 E 85583

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. 12-51 St. ..... Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Money

(a) Residence: No. Winston Salem, N.C. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B.Seaman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Luther Money

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Martha Wiatt

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 12/20, 1932

19. UNDERTAKER Harry A Weitzle
(Address) 910 Eden ..... Ave.

19 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1932, to December 16, 1932
I last saw him alive on December 16, 1932 death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced	About 2½ yrs
Other contributory causes of importance:	
Pulmonary Hemorrhage	12-16-32

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. & lab. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) G Abbott, M. D.
(Address) U.S. Marine Hospital

M. D. H. 1262-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85584

CERTIFICATE OF DEATH

E 85584

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21-29 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Simmont

(a) Residence: No. 725 Ramsey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 26th 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md

FATHER

13. NAME Geo. W. Simmont Jr.

14. BIRTHPLACE (city or town) Balto
(State or country) Md

MOTHER

15. MAIDEN NAME Virginia Carroll

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Geo. W. Simmont Jr
(Address) 725 Ramsey St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/20, 1932

19. UNDERTAKER Wm Cook
(Address) 1210 St Paul st

Dec 1932, 19 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1932 to Dec. 18, 1932

I last saw h alive on Dec. 18, 1932 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Otitis media	Nov 1932
Acute gastro enteritis	Oct 1932

Other contributory causes of importance:
Mastoiditis (Bilateral

Name of operation Mastoidectomy Date of Nov 1932

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) William E Brown M. D.
(Address) University Hospital

M. D. B. 1268-9

(Ferrin)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85585

CERTIFICATE OF DEATH

E 85585

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. 8-40 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Ferrin

(a) Residence: No. 3156 Elmora Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Edward Ferrin

6. DATE OF BIRTH (month, day, year) Sept 28 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Fishkill Landing N.Y.

FATHER

13. NAME Alex. Mahurter

14. BIRTHPLACE (city or town) (State or country) N.Y.

MOTHER

15. MAIDEN NAME Anna Bell

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Eldon S Ferrin
(Address) 3156 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 21st 1932

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

19 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932 to Dec 19, 1932

I last saw h. alive on Dec 19, 1932. Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia-Right Base	1 wk
Other contributory causes of importance:	
Nephritis	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Kornreich M. D.

(Address) St Josephs Hosp

M. D. B. 1268-9

E 85586

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85586

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Dayton Ct Calhoun St. 12-54 Ward)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Boyd

(a) Residence: No. 241 N Desoto St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of William P Boyd

6. DATE OF BIRTH (month, day, year) Dec 10th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Thomas Kelly

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Nannie Dougherty

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT John Joseph Boyd

(Address) 1207 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place New Cathedral Dec 20th 1932

19. UNDERTAKER Wm Cook

(Address) 617 St Paul St

Filed 1932 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1932 to Dec 16, 1932

I last saw h[illegible] alive on Dec 16, 1932. Death is said to have occurred on the date stated above, at 1:48 P m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset ?

Other contributory causes of importance:

Generalized arteriosclerosis

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Thomas B Schuster M. D.

(Address) Franklin Square Hospital

M. D. B. 1268-9

St Vernon 1710 E. 23rd St

HEALTH DEPARTMENT—CITY OF BALTIMORE

85587

CERTIFICATE OF DEATH

E 85587

108

Registered No. 43

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2728 Kildaire Drive Ward

(If death occucced in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Acosta

(a) Residence: No. 2728 Kildaire Drive Ward.

(Usual place of abode) (If non-cesident give city oc town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Coloc or Racc	5. Single, Marcied, Widowed, oc Divorced (write the word)
Male	White	Single

5a. If married, widowed, oc divocced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 5th 1926

7. AGE Yeacs	Months	Days	If LESS than 1 day, hrs. oc min.
6	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyec, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State oc countcy) Md

FATHER

13. NAME Julian Acosta

14. BIRTHPLACE (city or town) (State or country) Spain

MOTHER

15. MAIDEN NAME Deloris Delgrado

16. BIRTHPLACE (city or town) (State oc country) Spain

17. INFORMANT Julian Acosta

(Address) 2728 Kildaire Drive

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 21st 1931

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

Dec 19 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, yeac) Dec 19th 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 19 to Dec 19 19

I last saw h alive on Dec 19 1931. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of impoctance were as follows:

	Date of onsel
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, oc homicide? Date of injucy 19

Where did injury occur? (Specify city oc town, county, and State)

Specify whether injucy occucced in industry, in home, oc in public place

Manner of injucy

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

M. D. R. 1268-9

85588

E 85588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 925 Morris St., 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Graham A Johnson

(a) Residence: No. 925 Morris St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 1892 Feb 16th

8. AGE: Years 40 | Months 8 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer O.D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Frank Johnson

14. BIRTHPLACE (city or town) (State or country): Balto md

15. MAIDEN NAME: Annie Thomas

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Reta Thompson

(Address) 1225 McCulloh

18. BURIAL, CREMATION, OR REMOVAL

Place: National Cemetery Date: 12/29 ..., 1932

19. UNDERTAKER: Hospitaldale Funerals

(Address) 1800 McCulloh St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 19th 32

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis — Sudden

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

M. D. H. 1950-1

85589

HEALTH DEPARTMENT—CITY OF BALTIMORE 85589

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hosp. 13-54 (Ward)

CITY OF BALTIMORE: (No. .....)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Carter

(a) Residence: No. 2211 Madison Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Champion Carter

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Tarbert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Carter
(Address) 2211 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Cemetery Date 10/21/32 1932

19. UNDERTAKER Archibald L. Gaddis
(Address) 1840 N. Eutaw St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1932 to Dec 18 1932

I last saw h alive on 12-18-1932 Death is said to have occurred on the date stated above, at 5 H m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac & Nephritis	Sept 1932

Other contributory causes of importance:

Cardiac failure & Oedema of lungs	12-14-32
Uraemia	12-14-32

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S. Emanuel Jr. M. D.

(Address) University Hospital

E 85590

85590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 Harford Ave St. 10-14 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Darlwood Davis

(a) Residence: No. 733 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~	~~Black~~	~~married~~

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lillie Davis

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culpepper, Va

FATHER

13. NAME Henry Davis

14. BIRTHPLACE (city or town) (State or country) Culpepper, Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Culpepper, Va.

17. INFORMANT Peyton Parker Son-in-law
(Address) 733 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Culpepper Va Date 12/20/32 19

19. UNDERTAKER Mrs. R. G. Elliott
(Address) 1227 E. Lexington [illegible]

20. FILED DEC 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17/32, 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 , to [illegible], 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11 o'clock P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] Coroner

(Address) 50 E Fort Ave

M. D. B. 1268-9

85591 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 85591

CERTIFICATE OF DEATH

v 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1711 E. Madison St., 7-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harriett Mack

(a) Residence: No. 1711 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Mack

6. DATE OF BIRTH (month, day, year) Autumn 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard Hanson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Agnes Guest
(Address) 1711 E. Madison

18. BURIAL, CREMATION, OR REMOVAL
Place St. Patricia Date 12/20/32

19. UNDERTAKER Mrs. Ida B. Knowles
(Address) 1129 N. Eutaw St.

20. FILED Dec 22 1932 Huntington Williams, Registrar.

31032

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932 to Dec 17, 1932

I last saw h.. alive on Dec 17, 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	Abt 1 Year
& Complete Anuria	

Other contributory causes of importance:

Mitro Cardites, Arteria sclerosis
Hypostatic Pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? No Physical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 144 E. Monument St

A&Co. 5-31 250B

5592

E 85592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 Druid Hill Ave Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Constance Jarvis

(a) Residence: No. 1707 Druid Hill Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	M

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6-1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Clarence Jarvis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lucille Scott

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lucille Jarvis
(Address) 1107 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/20/32 19...

19. UNDERTAKER Mac Kelly Elliott
(Address) 129 N. Caroline St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 18, 1932

I last saw h... alive on Dec 18 1932 death is said to have occurred on the date stated above, at 1045 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Leo S. Allen M. D.

12-18-32 (Address) 507 Arquette

E 85593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley St., 10-14 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Mc Donald

(a) Residence: No. 1200 Valley St., Ward 14th District of the Poor
(Usual place of abode) Baltimore Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W?	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mc Donald

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Michael Dunn

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Christler

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister signed as Inf Little Sisters of the Poor
(Address) 1200 Valley St. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Dec 21, 1932

19. UNDERTAKER John F. Denny
(Address) 915 Light St

20. FILED 1932 Huntington Williams, M.D.

201932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1932, to Dec 17 1932
I last saw her alive on Dec 16 1932 death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	9: 32 p. m.
Other contributory causes of importance: Asthma	

Name of operation Atypical Date of No
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. McCarter, M. D.
(Address) 111 Hopkins Pl

M. D. B. 1268-9

E 85594 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85594

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5502 Fernpark Ave St. 28-64 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Viola L. Kaltenbach

(a) Residence: No. 5502 Fernpark Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — — — —

6. DATE OF BIRTH (month, day, year) Dec. 16 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Christian Kaltenbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Cordelia Truax

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Miss A. Gertrude Kaltenbach

(Address) 5502 Fernpark Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 21, 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. Filed ... 19... Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.30 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic nephritis	

Other **contributory causes** of importance:

Arteriosclerosis

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

M.D.H. 85595

E 85595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. 14-28

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Wm D. Neal (Emma Jim) Emma James Neal

(a) Residence: No. 1617 Hollins St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Wm D. Neal

6. DATE OF BIRTH (month, day, year) Mar. 27, 1904.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	9 8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Wm F. Snarden

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Eliz. James

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Wm D. Neal

(Address) 1617 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Greenmount Cem. Dec 22 1932

19. UNDERTAKER Herbert Cook

(Address) 1002 E. Baltimore St.

20. FILED Dec 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932 to Dec 19, 1932

I last saw h[illegible] alive on Dec 19, 1932 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Fibro-Caseous Tuberculosis involving both lungs } Date of onset 8-15-29

Pulmonary Hemorrhages 12-14-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Cook M. D.

(Address) 1002 E. Baltimore St.

M. D. B. 1268-9

F 85596

35596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 8-12 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Fillie Venack

(a) Residence: No. 1101 N. Montford Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Jacob

7. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Kaffer
(Address) 1101 N. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL
Where Rosedale Cem Date 12-20 1932

19. UNDERTAKER Sank Levin Sons
(Address) 1738 E Baltimore St

DEC 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1932, to Dec 20 1932

I last saw h.e.s. alive on Dec 20 1932. Death is said to have occurred on the date stated above, at 2:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary Atelectasis	12 19 32
Other contributory causes of importance: Carcinoma of Oesophagus	1928?

Name of operation Resection of tumor mass Date of 12-19-32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Carlos Roberto Ashe, M. D.
(Address) 2 Lexington

E 85597

85597 [illegible] 1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46V

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1812 E. 30th St. ST. 9-46 WARD)

2-FULL NAME Mrs Sophie Hahn

(a) RESIDENCE NO. 1812 E. 30th St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs 6 mos. 16 ds. How long in U. S., if of foreign birth? 50 yrs. 6 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

5a If married, widowed, or divorced
(or) WIFE of Henry Hahn

6 DATE OF BIRTH (month, day, and year) June 3, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Frederick Kopp

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Schreck

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Germany

14 Informant (Address) Henry Hahn 1812 E. 30th St.

15 Filed DEC 20 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19 1932

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1932, to Dec. 19, 1932, that I last saw her alive on Dec. 15, 1932, and that death occurred, on the date stated above, at 8.00 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. — mos — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

12-19, 1932 (Address) 6014 York Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet DATE OF BURIAL Dec 22, 1932

20 UNDERTAKER Philip Herring ADDRESS 2016 Orleans St

M. D. B. 1268-9

E 85598 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85598

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Albert S. Loewenson

(a) Residence: No. 2418 Eutaw Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carolyn H. Loewenson

6. DATE OF BIRTH (month, day, year) June 15, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

13. NAME Adolph Loewenson

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Goldstein

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs. A.S. Loewenson
(Address) 2418 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date Dec. 21, 1932

19. UNDERTAKER Sheard-Sandbrook Co.
(Address) 1902 Eutaw Place

FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19... to ... 19...
I last saw h... alive on Injury, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple fractures	12/15/32
Shock	
Other contributory causes of importance:	
Automobile Accident	12/15/32

Name of operation Exploratory Laparotomy Date of 12/15/32

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/15, 1932

Where did injury occur? Pimlico Rd nr Chesmore Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was riding in collided with a bus 12/15

Nature of injury ...

24. Was disease or injury in any way related to occupation of dece... No If so, specify ...

(Signed) Joseph Pokorny, M... Coroner

(Address) 2200 E. Madison St.

AACo. 5-31 350R

85599

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85599

CERTIFICATE OF DEATH

1444-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY or BALTIMORE: (No.) University Hospital St. 15-32 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary E. Johnson

(a) Residence: No. 1317 Monroe St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Black	Married

6a. If married, widowed or divorced (HUSBAND) of (or) WIFE of Leon Johnson

6. DATE OF BIRTH (month, day, year) Feby 4 1904

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
28	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home (own)

10. Date deceased last worked at this occupation (month and year) 12/17/32

11. Total time (years) spent in this occupation 9 yr

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Jacob Beatt

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Eliza Chatman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Leon Johnson

(Address) Husband (Same)

18. BURIAL, CREMATION, OR REMOVAL Place Auburn Date 12/20 1932

19. UNDERTAKER Samuel G. Hensley

(Address) 3 [illegible] Huntington, Westvirginia

20. FILED ..... 19..... Registrar.

DEC 20 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1932 to Dec 18, 1932

I last saw h[illegible] alive on Dec 18, 1932 death is said to have occurred on the date stated above, at 2 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Placenta Previa	12/17/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward V Warren M. D.

(Address) University Hospital

85600

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85600

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 7-24 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Sheridan

(a) Residence: No. 632 W. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Tazz Sheridan

7. DATE OF BIRTH (month, day, year) 1887

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cairo, Md.

13. NAME Wm. Griffin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Henrietta Bowser

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Tazz Sheridan
(Address) 632 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12/21 1932

19. UNDERTAKER Samuel T. Hawley
(Address) 1300 Pennsylvania Ave.

20. FILED Dec 20 1932 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

	Date of onset
First, second & third degree burns of entire body.	12/1/32

Other contributory causes of importance:

Shock

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 14th 1932

Where did injury occur? Parlour
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Burnt by coal oil stove

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Eugene Feller M. D.
Coroner

(Address) 629 Lemmon Street

Spec.—2-29-28—L. F. S.—500 Bks.

E 85601

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85601

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Penitentiary ST. 15-21 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Lyons.

(a) RESIDENCE NO. 608 School ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B.	S.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 4-30-1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22 years	7	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER John Lyons

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto.

12 MAIDEN NAME OF MOTHER Lilly ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto.

Informant Lilly Jones.

(Address) 608 School St.

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-17-32.

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930, to Dec 17, 1932, that I last saw him alive on Dec 17, 1932 and that death occurred, on the date stated above, at 2.50 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 3 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Usual

(Signed) John F. Duffey, M. D.

, 19 (Address) 3012 Northway Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Dec. 20 1932

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Pennsylvania Ave

Huntington, West Virginia, W. Va.

DEC 1932

A&Co. 5-31 250B

E 85602 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85602

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH Sydenham Hospital 5-26

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Floyd Taylor

(a) Residence: No. 1925 Frederick Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color, or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Oct. 1, 1929

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	3	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME (Mother) Ellen Taylor

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Ellen M. Lyons

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Ellen Taylor (Address) 1925 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Dec 21 1932

19. UNDERTAKER George L. Schmidt (Address) 210 Frederick Ave.

20. FILED ..... 19 ..... Registrar.

20 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1932, to Dec 19, 1932

I last saw him alive on Dec 18, 1932 death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Influenzal Encephalitis	Dec 14
Other contributory causes of importance:	

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital

AACo. 5-11 250B

85603

E 85603

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1925 Frederick Ave 20-78 St., Ward)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel M. Lyons.

(a) Residence: No. 1925 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Vn Lyons

7. DATE OF BIRTH (month, day, year) Oct. 16 - 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Wagon

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Linnel Lyons

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Jessie Vn Lyons

(Address) 1925 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec. 21 1932

19. UNDERTAKER George L. Schmidt

(Address) 2101 Frederick Ave

FILED DEC 22 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932, to Dec 17, 1932

I last saw him alive on Dec 16 1932 death is said to have occurred on the date stated above, at 1205 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Seagreth, M. D.

(Address) 1729 W Lombard St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85604 E 85604

CERTIFICATE OF DEATH

10-12 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 942 Greenmount Ave. St.) Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Althea Maybelle Ziegenheim Holmes

(a) Residence: No. 942 Greenmount Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Thomas Holmes

6. DATE OF BIRTH (month, day, year) Feb. 9, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville, Balto. Co. Md.

13. NAME Joseph Watts

14. BIRTHPLACE (city or town) (State or country) Catonsville, Balto. Co., Md.

15. MAIDEN NAME Emily McCauley

16. BIRTHPLACE (city or town) (State or country) Elkridge Md.

17. INFORMANT (Address) Mr. J. Thomas Holmes 942 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Dec. 21 1932

19. UNDERTAKER (Address) Wm. J. Tickner & Son North & Fayette Sts. Huntington, Indiana

20. FILED DEC 20 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to Dec 19, 1932

that I saw her alive on Dec 18, 1932 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis — Date of onset Jan 1931

Other contributory causes of importance:

Cardiac insufficiency — Date of onset 2 Wks

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify No

(Signed) Roscoe R. Ross, M. D.

(Address) 2438 Woodlawn Ave

M. D. R. 1268-9

E 85605

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85605

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 W Lafayette St) (Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Brown

(a) Residence: No. 1728 W. Lafayette St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edw Scott

(Address) 1728 W Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 12-20 1932

19. UNDERTAKER Daniel Foreman

(Address) 916 Pa ave

FILED DEC 20 1932 Huntington West Virginia, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1932 to Dec 17 1932

I last saw h... alive on Dec 15 1932 Death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12 10
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

E 85606

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85606

CERTIFICATE OF DEATH

124-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 E. Monument St. 176-11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry C. Livingston Jr.

(a) Residence: No. 3215 E. Monument St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Livingston

6. DATE OF BIRTH (month, day, year) Oct 18, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Harry C. Livingston

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Bellman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Ida E. Livingston

(Address) 3215 E. Monument St

18. BURIAL, CREMATION OR REMOVAL

Place Oakland Date Dec 20, 32

19. UNDERTAKER John F. Moran

(Address) 3000 E. Balto St

DEC 20 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 19 32 to Dec 17 19 32

I last saw h. alive on Dec 17 19 32 Death is said to have occurred on the date stated above, at 1 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	12/8/32

Other contributory causes of importance:

Nephritis Chronic	7-1-32
Arterio	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. [illegible] 85607.

V E 85607.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 15th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Geo Daniels

(a) Residence: No. 1710 Thames St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 20 - 1865

7. AGE	Years	Months	Days 24	If LESS than 1 day, ... hrs. or ... min.
	66	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Hardwood finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Georgs Daniels

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Zeeling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loyola Mt Coll Date Dec 20 1932

19. UNDERTAKER

(Address)

20. FILED Dec 20 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-31 1932 to 12-11 1932

I last saw h/17 alive on 12-11 1932 Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pylorus and obstruction	
Chronic Myocarditis ?	
Other contributory causes of importance:	
Post operative shock	12/1/32
Myocardial failure	

Name of operation Gastroenterostomy Date of 12/1/32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify No

(Signed) Wm Bruce Schaefer M. D.

(Address) Balto City Hospitals

M. D. R. 1268-9

E 85608 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85608

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimor City Hospital 107-001 Registered No.

CITY OF BALTIMORE: (No. Baltimor, Md St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michall Kramar

(a) Residence: No. 339 E. Caroline St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 9-29-1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	2	19 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob Kramar

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Records, Balto. City Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Russian 2nd STONY RUN, Md Date Dec 22, 1932

UNDERTAKER George A. Weber
(Address) 701 E Lanvale st

FILED 12-20-1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1932 to 12-19, 1932

I last saw h[illegible] alive on 12-19, 1932 Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-13-32

Other contributory causes of importance:

Pericarditis acute	?
Myocardial Insufficiency	
Congestion	11-21-32

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-19-32 (Signed) Elmer Hightower M. D.

(Address) Balto. City Hospitals

Spec.—9-26—A. & Co.—250 Blks

85609

E 85609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 933 Ensor St. 10-14 WARD)

2 FULL NAME Sarah J. Mills

(a) RESIDENCE NO 933 Ensor St. WARD

(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 1/ yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	b	Widow

3a If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel W. Mills

6 DATE OF BIRTH (month, day, and year) unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah James

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Samuel W. Mills

(Address) 933 Ensor St

Dec. 19 Huntington Williams, Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1932, to Dec 18, 1932

that I last saw h[illegible] alive on Dec 17, 1932 12 Noon

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis, Nephritis and Hypostatic pneumonia (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Yonday M. D.

Dec 19 1932 (Address) 1429 E Monument

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cem

DATE OF BURIAL 12-21 1932

20 UNDERTAKER Bryon & Manial Wright 1218 McCulloh St

ADDRESS

M. D. B. 1268-9

610

E 85610

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 S. Chester St. 1-3 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Magdalena Bochniak

(a) Residence: No. 101 S. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sebastyan Bochniak

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

14. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER FATHER

13. NAME Simon Kozak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT S. Bochniak
(Address) 101 S. Chester St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Holy Rosary Date Dec 21, 1933

19. UNDERTAKER Frezzo Bros
(Address) 924 E. Fayette St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1933, to Dec. 17, 1933.

I last saw h[illegible] alive on Dec. 16, 1933. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/13/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Max L. Snyder M. D.

(Address) 700 E. Lake St.

Spec.—1-12-23—M&T—100 Blks.

E 85611

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85611

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 805 N. Eden St. 10-14 (Ward)

2-FULL NAME Rachel Day

(a) RESIDENCE No. 805 N. Eden St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 ~~Single~~, Married, ~~Widowed~~, ~~Divorced~~, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: William Day

6b DATE OF BIRTH (month, day, and year): Oct 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	30	2		

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): Housework

(c) Name of employer:

8 BIRTHPLACE (city or town) (State or country): Ford Co Md

10 NAME OF FATHER: Daniel Gross

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto. Md.

12 MAIDEN NAME OF MOTHER: Lydia Simmons

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant: Carrie Gatewood

(Address) 28 N. Mount

Filed DEC 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 18 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1932, to Dec 18, 1932,

that I last saw her alive on Dec 18, 1932

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

(a) Pneumonia (Broncho.)

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary): Bronchitis

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Medical

(Signed) J. H. Walker, M. D.

, 19 (Address) 1026 N. Eden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cemetery — DATE OF BURIAL: 12/22 1932

20 UNDERTAKER: Mrs Chas G. Bailey — ADDRESS: 1421 Jefferson St

M. D. B. 1265-9

E 85612 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85612

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 18-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hilda Smith

(a) Residence: No. 116 Da Arlington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: child

6. DATE OF BIRTH (month, day, year) Feb. 17 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Roy Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Hilda Schafer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hilda Smith

(Address) 301 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12-22 1932

19. UNDERTAKER Bernard C Hanke

(Address) 1222 E Baca St

20. FILED DEC 22 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1932 to Dec 19, 1932

I last saw h alive on Dec. 19, 1932 Death is said to have occurred on the date stated above, at 11.58 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic valvular disease cerebral embolus.	1932
Other contributory causes of importance: Subacute bacterial endocarditis	1932

Name of operation — Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William E Brown M. D.

(Address) University Hospital

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85613

CERTIFICATE OF DEATH

131 E 85613

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3135 Dudley ave., 26-40 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Loretta Wooden

(a) Residence: No. 3135 Dudley ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Stephen Wooden

6. DATE OF BIRTH (month, day, year): March 7 1892

7. AGE — Years: 40 | Months: 8 | Days: 12 | If LESS than 1 day, hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: Charles Walters

14. BIRTHPLACE (city or town) (State or country): Penn

MOTHER

15. MAIDEN NAME: Hanora Davin

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Stephen Wooden

(Address) 3135 Dudley ave

18. BURIAL, CREMATION, OR REMOVAL: Green Lath Dec 21 1932

19. UNDERTAKER: J. J. Thurston

(Address) 1562 Fulton ave

20. FILED: DEC 20 1932 — Thurston Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1932 to Dec 19, 1932

I last saw h. W. alive on Dec 19, 1932 death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's disease terminating in Uremia with Coma	
Other contributory causes of importance: Obesity, Cerebral Thrombosis & Nephrolithiasis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Walter McGuckian M. D.

(Address) 3001 Shannon Drive

Spec.—1-12-23—M&T—500 Blks.

85614

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85614

CERTIFICATE OF DEATH.

93-003

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3633 Elm ave ST. 13-52 WARD)

2-FULL NAME Emma C. Foote

(a) RESIDENCE NO. 3633 Elm av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? life yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ ~~or~~ WIFE of Geo Loats Looley

7 DATE OF BIRTH (month, day, and year) Oct 5 1861

7 AGE: Years 71 | Months 7 | Days 14 | If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

10 NAME OF FATHER: John M. Boring

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md.

12 MAIDEN NAME OF MOTHER: Matilda C. Teagle

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa.

Informant: Mrs Stella N. McFaul

(Address) 4023 Roland ave

Filed DEC 20 1932 19

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1932

17 I HEREBY CERTIFY, That I attended deceased from Mar 30, 1930, to Dec 19, 1932, that I last saw her alive on Dec 19, 1932, and that death occurred, on the date stated above, at 5-30 P. m.

The CAUSE OF DEATH* was as follows:

Diffuse Arteris & Cerebri (Cardio Vascular form)

(duration) yrs. mos da.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 2 yrs. mos. da.

18 Where was disease contracted if not at place of death? Not known

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) H. H. Richardson, M. D.

, 19 (Address) 855 N. 36th

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Carroll Co Md.

DATE OF BURIAL: Dec 21 1932

UNDERTAKER: J. Walter Davis

ADDRESS: 2418 Eastern Ave.

M. D. B. 1268-9

E 85615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 85615

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-19 Ward)

Length of residence in city or town where death occurred 64 yrs. ~ mos. ~ ds. How long in U. S. If of foreign birth? ~ yrs. ~ mos. ~ ds.

2. FULL NAME Mrs Mary Z. Ellinger

(a) Residence: No. 1704 St. Paul St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac Ellinger

DATE OF BIRTH (month, day, year) June 18 ~

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	~ 6	~ 1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME John B. Falck

14. BIRTHPLACE (city or town) (State or country) Balto., Md

15. MAIDEN NAME Catherine Stinson

16. BIRTHPLACE (city or town) (State or country) Shade, Pa

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/21 1932

UNDERTAKER Henry H. Mears & Son
(Address) 805 N. Eutaw St.

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/12 1932 to 12/14 1932

I last saw her alive on 12/14 1932. Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast	1½ yrs.
Other contributory causes of importance: Pulmonary Metastases	1 yr. ?

Name of operation Radical amputation right breast Date of 6/13/32

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Gardner M. D.
(Address) Mercy Hospital

M. D. B. 1268-e

MEYERS

HEALTH DEPARTMENT—CITY OF BALTIMORE

85616 E 85616

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Meyers

(a) Residence: No. 1767 Gorsuch ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Elizabeth Meyers

6. DATE OF BIRTH (month, day, year) Dec 12-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 15 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

MOTHER FATHER

13. NAME Valentine Meyers

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Lambright

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Elizabeth Meyers
(Address) 1767 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Dec 21- 1932

19. UNDERTAKER Horace E. Burgee
(Address) 3631 Falls Road

FILED Huntington Valley Penna.
DEC 19 1932 NPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 1st, 1932, to December 18th, 1932

I last saw h.im alive on Dec. 18th, 1932. Death is said to have occurred on the date stated above, at 1125 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene - Lft Foot	Feb, 1932
Chronic Myocarditis-	
Chronic Nephritis	

Other contributory causes of importance:

Cardiac Dilatation	12/18/32

Name of operation Amputation Left Date of 12/15/32

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Albert Kerrick, M. D.

(Address) St Josephs Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85617

CERTIFICATE OF DEATH

E 85617

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2548 Lanvale Ave St. 70-6 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M Baker

(a) Residence: No. 2548 Lanvale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard Baker

7. DATE OF BIRTH (month, day, year) May 3 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Maley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Carey

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs John Carey

(Address) 2548 Lanvale Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec 22 1932

UNDERTAKER Geo W Settle

(Address) 2700 Edmondson Ave

Filed DEC 1932 Huntington Wise, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 19 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 18th 1932 to Dec 19th 1932

I last saw her alive on Dec 18th 1932. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hem. Hemorrhage (Apoplexy)	
1. Arteriosclerosis	12/18/32
2.	
3.	

Other contributory causes of importance:

Fatty Degeneration of Heart

Name of operation None Date of

What test confirmed diagnosis? Visible Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 1105 N Northern

1-30—M. & T.—100 B—50L

E 85618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

E 85618

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Key Highway nr. Webster St. 24-33 WARD)

2-FULL NAME Henry Will.

(a) RESIDENCE NO. 1314 Webster St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If ~~MARRIED~~ widowed, of ~~XXXXXX~~ HUSBAND of ~~XXXXXXXXX~~ Barbara Will.

6 DATE OF BIRTH (month, day, and year) January 10, 1855

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	11	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work .. Tinner.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Harrisburg, Pa.

10 NAME OF FATHER Jacob Will.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

Informant Katie Lauenroth. (daughter)

(Address) 1314 Webster St.

Filed ..... 192 ..... Registrar

01932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 18, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis.

Acute dilatation of the Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Wm. H. Bernard, M. D. Coroner

12/19/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec. 21 1932

UNDERTAKER Margaret A. Flynn

ADDRESS Fayette & Eutaw Sts.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85619

CERTIFICATE OF DEATH

E 85619

Registered No. 93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto, Md St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Smith

(a) Residence: No. 805 E. Pratt St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Fahey

7. DATE OF BIRTH (month, day, year) 10-22-1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61		26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Katherine McDonough

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 12/20, 1932

19. UNDERTAKER Edward J. Fahey & Sons
(Address) 1600 E. Baltimore St

DEC 20 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12, 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5, 1, 1930 to 12-18, 1932

I last saw him alive on 12-18, 1932 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis chronic	?
Other contributory causes of importance:	
Emphysema & chronic	?
Bronchitis	?
arteriosclerosis	?

Name of operation None Date of —

What test confirmed diagnosis? Clin. dia. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-19-32 (Signed) Elmer Highberger M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85620

CERTIFICATE OF DEATH

E 85620

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1770 E. North Ave. St. 15-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James B. Beecher

(a) Residence: No. Grasonville, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriette W. Beecher

DATE OF BIRTH (month, day, year) Nov. 14 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oysterman do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Queen Anne Co. Md.
(State or country)

13. NAME William Beecher

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Mary E. Eaton

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Cecilia Beecher (Daughter)
(Address) 1770 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Via Love & Perry

Place Grasonville, Md. Date Dec. 21, 1932

19. UNDERTAKER John F. Perry
(Address) 1755 Light St.

Dec 20 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from December 5 1932 to December 20 1932

I last saw him alive on December 20 1932 Death is said to have occurred on the date stated above, at 12:30 P. M.

The principal cause of death and related causes of importance were as follows:

Myocardial degeneration

	Date of onset

Other contributory causes of importance:

Arteriosclerosis, hypertension & chronic nephritis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Perry, M. D.

(Address) 1337 S. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85621

CERTIFICATE OF DEATH

X 59 E 85621

1. PLACE OF DEATH County Hosp. H-30

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 1 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Lynn Johnson

(a) Residence: No. Glenarom St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Nov. 24, 1915

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
17		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

13. NAME Nellie Johnson

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Grace Luckett

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Nellie Johnson
(Address) Glen Arm Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Dec 22, 1932

19. UNDERTAKER Chas E. Goss
(Address) Stage Rd Hunting Valley, O.

Filed ..... 19 ..... Registrar.

01932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-19-32, 19..., to 12-20, 1932

I last saw h.. alive on 12-20, 1932 Death is said to have occurred on the date stated above, at 11 A.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Diabetes Coma	12-17-32
Other **contributory causes** of importance:	
Liver	12-1932
Pulmonary Edema	

Name of operation. None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) County Hosp

M. D. B. 1269-9

E 85622

85622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232-N. Eden Street St. 10-15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Antoinette Serio

(a) Residence: No. 1232-N. Eden Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salvatore Serio

6. DATE OF BIRTH (month, day, year) 12/17/1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	-	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Geppe

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Grace Geppe

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mr. S. Liberto

(Address) 929-Hillen Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/21/32 19

19. UNDERTAKER Geo. J. Roth & Sons.

(Address) 1735-Harford Ave.

FILED DEC 21 1932 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1932 to Dec, 1932

I last saw her alive on Dec 18, 1932. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. H. Hornstein M. D.

12/20/32 (Address) 733 Lexington St

M. D. B. 1268-9

E 85623

85623 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3342 Keswick Rd Ward) Ra-5280

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James H. McGee

(a) Residence: No. 3342 Keswick Rd Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE~~ of) Nancy C. McGee

6. DATE OF BIRTH (month, day, year) Mar 15th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchants and Manufacturers Ass'n

10. Date deceased last worked at this occupation (month and year) July 1931

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Andrew J. McGee

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Burlage

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Nancy McGee

(Address) 3342 Keswick Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 23rd 1932

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

20. FILED DEC 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1929 to Dec 20 1932

I last saw him alive on Dec 19th 1932 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Hemorrhage	12/10/32

Other contributory causes of importance:

Nephritis Chronic ?	1934 ?
Hypertension	1926

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm A. Brumbaugh M. D.

(Address) 1216 St Paul St

M. D. B. 1268-9

85624 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85624

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals V 84 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-24 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Geary

(a) Residence: No. 1316 Mc Henry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
WIFE/HUSBAND of (or) Geary, Grace Geary

DATE OF BIRTH (month, day, year) March 4th 1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Thomas Geary
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Catherine Kennedy
16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Cross 446 Date 12-23-1932

UNDERTAKER Bernard C. Harle
(Address) 1000 S. Bca. St.

FILED Dec 24 1932 Hattie [illegible] Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 1932 to Dec 19 1932
I last saw h[illegible] alive on Dec 19 1932 Death is said to have occurred on the date stated above, at 2:56 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Hypostatic (Catarrhal)	1932
Empyema, Acute	Sept (?) 1932

Other contributory causes of importance:

Respiratory Failure	Immediate

Name of operation Thoracotomy Date of .....
What test confirmed diagnosis? Aspiration Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Bruce Shipley M. D.
(Address) Bueto City Hospital

H. D. B. 1268-9

85625 Celia Caplan E 85625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 6-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 28 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Celia Caplan

(a) Residence: No. 208 N. Luzerne Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Caplan

DATE OF BIRTH (month, day, year) 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Sam Rosen
14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sophie
16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Wm. Caplan - Husband
(Address) 208 N. Luzerne Ave

BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date 12-2 1931

UNDERTAKER Jack Levy Co
Address 1739 E. Baltimore St

FILED 12-1 1932 ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20 1932

22. I HEREBY CERTIFY, That I attended deceased from November 4 1932 to Dec 20 1932

I last saw her alive on Dec 20 1932 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast (Rt) with Generalized Metastases	about June 1930
Other contributory causes of importance:	
Bronco-pneumonia	12-18-32

Name of operation Radical Removal (Rt.) Date of 11-29-30

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. R. Cohen, M. D.

(Address) Sinai Hospital

AACo. 1-11-2008

85626

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85626

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH 622 N. Mount St.

CITY OF BALTIMORE: (No. 622 N. Mount St. St. 16-27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ? mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen E. Queen

(a) Residence: No. 622 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11-25-1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42		23 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

13. NAME Roberson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Hailstork

(Address) 622 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Dec 21 1932

19. UNDERTAKER Thomas E. Kalom

(Address) 1303 Pressman St

FILED Dec 21 1932 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/32 19

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1932 19... to Dec. 18, 1932 19...

I last saw her alive on Dec. 17, 1932 19... death is said to have occurred on the date stated above, at 10.40 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	12/17/32

Other contributory causes of importance:

Mitral Insufficiency

Physical Examination Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) ..... M. D.

(Address)

DEC 21 1932

M. D. B. 1268-9

E 85627

85627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1438 W. Preston 45-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Franklin

(a) Residence: No. 1438 W Preston St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) E Balto Md

FATHER

13. NAME Daniel Franklin

14. BIRTHPLACE (city or town) (State or country) E Balto Md

MOTHER

15. MAIDEN NAME Emily Wallace

16. BIRTHPLACE (city or town) (State or country) E Balto Md

17. INFORMANT John B. Franklin

(Address) Wash D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemy Date Dec 22 19 32

19. UNDERTAKER Thomas E. Kelsey

(Address) 1303 Preston St.

DEC 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 19 32

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 19 32 to Dec 18 19 32

I last saw h... alive on Dec 17 19 32 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 Day 2
Other contributory causes of importance: Congestion of Kidneys	2 Years

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Lewis M. D.

(Address) ...

M. D. B. 1268-9

85628

E 85628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 S. Clinton St. St. 26-1 Ward)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ricky Louise Davis

(a) Residence: No. 1202 S. Clinton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. G. Davis

6. DATE OF BIRTH (month, day, year) Feb. 6, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER'S MAIDEN NAME

13. NAME D. Gottlieb

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Lizzie Mc Hugh

(Address) 1202 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemt. Date Dec. 23, 1932

19. UNDERTAKER Geo. W. Zirkler

(Address) 1737 E. Eager St.

20. FILED ... 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to Dec 20, 1932 19

I last saw her alive on Dec 20, 1932 Death is said to have occurred on the date stated above, at 10.20 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Gradual

Other contributory causes of importance:

Acute Myocarditis	12/20/32

Name of operation none Date of

What test confirmed diagnosis? Absent. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

12/21/32 (Signed) Horace B. Tutlow M. D.

(Address) 315 S. Highland Ave

85629

E 85629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6605 Hamptnett ave Ward) 27-43

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William J. Mcbaddin

(a) Residence: No. 6605 Hamptnett ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Myrtle M. Mcbaddin

6. DATE OF BIRTH (month, day, year): June 8-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: asst. Port agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Standard Shipping Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: August F. Mcbaddin

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Katharine Baynon

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Myrtle M. Mcbaddin

(Address) 6605 Hamptnett ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cemt Date: Dec. 21, 1932

19. UNDERTAKER: Geo M. Zirkle

(Address) 1737 E. Eager St.

20. FILED ..... 1932 ..... 19 ..... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 13 1932 to December 18, 1932

I last saw him alive on December 18 1932 Death is said to have occurred on the date stated above, at 9-3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Broncho-Pneumonia	12-13-32
Other contributory causes of importance: Myocardial Insufficiency	12-17-32

Name of operation ..... Date of .....

What test confirmed diagnosis: Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. B. Bronushas, M. D.

(Address) 3037 O'Donnell St

for.—12-9-25—A Co.—200 Bks.

85630

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85630

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 1501 Park Ave. St. 14-20 Ward)

2-FULL NAME Johnetta Annie Moore

(a) RESIDENCE NO. 1501 Parkave St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 46 yrs. 10 mos. 3 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, and year) Feby-17-1886

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	46	10	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Gift Shop owner

(b) General nature of industry, business, or establishment in which employed (or employer): Store 045

(c) Name of employer: Selfish

BIRTHPLACE (city or town): Penna

(State or country)

10 NAME OF FATHER John Moore

11 BIRTHPLACE OF FATHER (city or town) York

(State or country) Pa.

12 MAIDEN NAME OF MOTHER Ida W.

13 BIRTHPLACE OF MOTHER (city or town) York

(State or country) Pa.

Informant Mrs Jessie B. Smith

(Address) 501 Parkave

Filed ... 19 ... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) 10 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D.

(Coroner)

, 19 (Address) Coroner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs., ... mos., ... ds. In the state ... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery

Date of Burial: Dec 27 1932

20 UNDERTAKER: Edward J. Mooney

ADDRESS: Balto

M. D. H. 1268-9

85631 85631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 6-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth 21 yrs. mos. ds.

2. FULL NAME Paul Vanek

(a) Residence: No. 1 N. Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Vanek

DATE OF BIRTH (month, day, year) June 2 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslavakia

13. NAME Andrew Vanek

14. BIRTHPLACE (city or town) (State or country) Czechoslavakia

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Czechoslavakia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 22, 1932

UNDERTAKER Frank Cracker Son
(Address) 1900 Edmondson Ave

FILED 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1932 to 12-17, 1932

I last saw him alive on 12-19, 1932 Death is said to have occurred on the date stated above, at 7A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Pneumonia R/	3½ days

Other contributory causes of importance:

Name of operation Laboratory Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

E 85632

85632 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3333 Lyndale Ave St. 8-40 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte A. Voit

(a) Residence: No. 3333 Lyndale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced, BUSBAND of (or) WIFE of Francis Voit

7. DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Jonathan Donahue

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME OF MOTHER Mary Larsen

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mary Voit

(Address) 3333 Lyndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 23 1932

19. UNDERTAKER Frank Leach Son

(Address) 1906 Edmondson Ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1932 to Dec 21 1932

I last saw her alive on Dec 21 1932. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/17/32
Senility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Thos. J. McGuire M. D.

(Address) 107 Eastern Ave

A4Co. 5-31 250B

85633 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85633

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3408 Springdale Ave. W 15-C Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U.S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME (Anna) Ana Virginia Hennick

(a) Residence: No. 3408 Springdale Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Hennick

DATE OF BIRTH (month, day, year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Thomas C. Carroll

14. BIRTHPLACE (city or town) (State or country) Marlboro Va

15. MAIDEN NAME Ana Virginia Carroll

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mr. Charles Hennick

(Address) 3408 Springdale Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/22 19 32

UNDERTAKER Henry H. Myers & Son

(Address) 802 N. Eutaw Street

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from N-11-, 1932, to 12-20-, 1932

I last saw her alive on 12-20 1932 death is said to have occurred on the date stated above, at 9a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA	7 days ago.

Other contributory causes of importance:

Arteriosclerosis	Chronic
Arthritis	Chronic

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emmett H. Lorell, M. D.

(Address) 3705 Liberty Hgts. Ave.

1-30—M. & T.—100 B—60L

E 85634

E 85634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S. Caroline ST. 3-4 WARD)

2-FULL NAME Sarah Somerville

(a) RESIDENCE NO 116 S. Caroline ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Somerville

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) Own
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Jim Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Tom Somerville

(Address) 119 S Bond St

Filed DEC 21 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 15 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Infarction Acute Myocarditis

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Visit

(Signed) J C Stevenson, M. D. Coroner

, 19 (Address) 1305 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pleasant View Cem

DATE OF BURIAL Dec 21 1932

20 UNDERTAKER Wendell J Leppard

ADDRESS 305 S Eden

1-30—M. & T.—100 B—50L

E 85635

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85635

CERTIFICATE OF DEATH

107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 216 S. Castle ST. 2-4 WARD)

2-FULL NAME Georgianna Shank

(a) RESIDENCE NO 216 S Castle ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6 DATE OF BIRTH (month, day, and year) June 26 1932

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	5	18	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

10 NAME OF FATHER Walter J Shank

11 BIRTHPLACE OF FATHER (city or town) Penna (State or country)

12 MAIDEN NAME OF MOTHER Georgianna Mueller

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

Informant Walter J Shank

(Address) 216 S Castle

Filed DEC 21 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 19 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio Pneumonia

(duration) ..... yrs. ..... mos 3 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical Evidence

(Signed) C J Georgi M.D. Coroner

, 19 (Address) 1305 N Patterson Park

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

UNDERTAKER Wendell J Hoppel

DATE OF BURIAL Dec 21 1932

ADDRESS 300 Eden

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 85636

85636

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5621 Greenlawn Ave. Ward) 24 Hm 2

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick J Weber

(a) Residence: No. 5621 Greenlawn Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Weber

6. DATE OF BIRTH (month, day, year) Feby 8-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Park.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John H. Weber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Hoffle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Marie Weber

(Address) 5621 Greenlawn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 22 1932

19. UNDERTAKER John Gerrick

(Address) 2006 Eutaw St

FILED DEC 01 1932 19.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 9 ½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85637

CERTIFICATE OF DEATH

72-001

E 85637

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-8 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Coley

(a) Residence: No. 610 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Coley

DATE OF BIRTH (month, day, year) 1892 (Jan 10)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Georgia

13. NAME Toney Bernard

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Jennie Tolbert

16. BIRTHPLACE (city or town) (State or country) Ga.

INFORMANT George Coley
(Address) 610 N. Eden St

BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemetery Date Dec 17, 1932

UNDERTAKER Edw Bryan
(Address) 1631 Pleasant St.

FILED Dec 19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19 . I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10.35 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Probably Leukemia ??

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. W. J. Bacon M. D.
Coroner

(Address) 508 E Monument

M. D. B. 1268-9

E 85638 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85638

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 133

CITY OF BALTIMORE: (No. 123 N Wallas St. 6-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marceline Howard

(a) Residence: No. 123 N Wallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced (or) WIFE of — Chas E. Howard

6. DATE OF BIRTH (month, day, year) Mo? day? 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME ? Banks

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Chas E. Howard Husband
(Address) 123 N Wallas St

18. BURIAL, CREMATION, OR REMOVAL
Place asbury cemetery Date Dec 23 1932

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St
Huntington Williams Co

20. FILED 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932 to Dec 18, 1932

I last saw her alive on Dec 17, 1932 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyo Nephrosis	Oct 1932

Other contributory causes of importance:
Myocarditis, Bronchitis and Hypostatic Pneumonia

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) R. L. Young M. D.

(Address) 1424 E. Monument St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85639

CERTIFICATE OF DEATH

1. PLACE OF DEATH, JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 16-67 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Hoffman

(a) Residence: No. 2425 Hanover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Elizabeth Hoffman

6. DATE OF BIRTH (month, day, year): May 7-1866

7. AGE: Years 66; Months 7; Days 13; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 88

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: John Hoffman

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Elizabeth Hoffman

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Balto Cemetery Date 12/22/32 19

19. UNDERTAKER (Address): F. B. Kaufmann 1300 Eutaw Place

20. FILED: DEC 21 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec-20. 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1932 to Dec 20 1932

I last saw him alive on Dec 20 1931. Death is said to have occurred on the date stated above, at 10:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver, primary with ascites, oedema of legs, jaundice.	Nov. 1931 ?
Other contributory causes of importance: Emaciation, Cachexia, loss of weight, Exhaustion	July 1932 Dec. 1, 32

Name of operation: None Date of: —

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sara M Hardy M. D.

(Address) Johns Hopkins Hospital

D. H. 1268-b

85640

HEALTH DEPARTMENT—CITY OF BALTIMORE

85640

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3523 Belvedere St., 22-56 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte H. Schreiner

(a) Residence: No. 3523 Belvedere Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Schreiner

DATE OF BIRTH (month, day, year) April 30-1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Harry Ford

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. C. Schreiner

(Address) 2810 Coldspring Lane

BURIAL, CREMATION, OR REMOVAL

Place Federal Ridge Cem. Date 12/22 1932

UNDERTAKER Frank W. Leigh

(Address) 707 N. Howard St. Huntingdon Station

DEC 21 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular disease of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John D. Morgan M. D.

(Address) 96 W. Roland Ave

A4Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

85641

CERTIFICATE OF DEATH

E 85641

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1231 Hanover St ... St., 24th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary M Bellerson

(a) Residence: No. 1231 Hanover St St., 24th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard M Bellerson

DATE OF BIRTH (month, day, year) Sept 23 - 1869

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	63	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Patapsco Md

13. NAME Mathias Imhoff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Agnes Imhoff

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mr B Bellerson 1231 Hanover St.

BURIAL, CREMATION, OR REMOVAL Place Mt Carroll Date 12 21 1932

UNDERTAKER (Address) Talbert & Sons 1319 Light St

FILED ... 1932 ... Huntington Hillsdale, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1932, to December 18, 1932

I last saw h... alive on December 17, 1932 death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Henry F Butler, M. D.

(Address) 1319 Light St.

-30—M. & T.—100 B—50L

E 85642

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85642

CERTIFICATE OF DEATH

X 23

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 E Biddle ST. 1-24 WARD)

2-FULL NAME John J. O'Donahue

(a) RESIDENCE No Naval Hospital ST., ... WARD .....
(Usual place of abode) Washington D.C.
(If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Mina Gardnach

6 DATE OF BIRTH (month, day, and year) Jan. 8, 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	11	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired Salesman 66
(b) General nature of industry, business, or establishment in which employed (or employer) Fabricoid Co
(c) Name of employer Dupont Co

9 BIRTHPLACE (city or town) Salt City
(State or country)

10 NAME OF FATHER John J. O'Donahue

11 BIRTHPLACE OF FATHER (city or town) Salt City Md
(State or country)

12 MAIDEN NAME OF MOTHER Catharine Pollard

13 BIRTHPLACE OF MOTHER (city or town) Balto. City
(State or country)

14 Informant Carroll J. O'Donahue

(Address) 321 E Biddle

DEC 21 1932 Huntington Hill Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 6 yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Pulmonary Hemorrhage

~~tuberculosis~~ (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History

(Signed) James M Fenlon, M. D.
Coroner

12 29 1932 (Address) 707 E Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Dec 22 1932

UNDERTAKER Chas P. Marx & Son

ADDRESS 1130 N Eutaw

. D. B. 1268-9

85643 HEALTH DEPARTMENT—CITY OF BALTIMORE 85643

CERTIFICATE OF DEATH

161-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 945 W. Fayette St. 18-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle Johnson

(a) Residence: No. 945 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Nov 13-1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME: Walter Wheatley

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Elsie Johnson

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Walter Wheatley

(Address): 945 W. Fayette St

BURIAL, CREMATION, OR REMOVAL

Place: Johnson Cemty Date: 12/19, 1932

UNDERTAKER: Ernest Pue

(Address): 135 W. Fremont St.

FILED: 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/19, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atelectasis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Eugene Feldt M. D.

Coroner

(Address) 237 Colston Ave

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85644 E 85644

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. Lombard & Greene Sts. 21-31 Ward)
Registered No. 108
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Taylor

(a) Residence: No. 515 W. West St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 17 1908

AGE	Years	Months	Days	If LESS than 1 day
	24	4 8	1	hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina
13. NAME Wit Cotton
14. BIRTHPLACE (city or town) (State or country) N. Carolina
15. MAIDEN NAME Clara Wiggins
16. BIRTHPLACE (city or town) (State or country) North Carolina
INFORMANT John H. Taylor
(Address) 515 W. West St.
BURIAL, CREMATION, OR REMOVAL
Place Johnson Cemty Date Dec 19 1932
UNDERTAKER Walter B. Briggs
(Address) 134 W. Harvey St.
DATE 21 1932 Huntingtown Witness
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 18 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-16 1932 to 12 18 1932
I last saw h[illegible] alive on 12 18 1932 Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12 14 32

Other contributory causes of importance:

Depression	12 16 32

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. Dimaser Jr. M. D.
(Address) University Hosp.

85645

26771

HEALTH DEPARTMENT—CITY OF BALTIMORE 85645

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... 14-20 ..... Street)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ernest L. Rope

(a) Residence: No. 502 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/26/82

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME James Rope

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 12/22. 1932

19. UNDERTAKER Samuel F. Hemsley Sr.
(Address) 578 W Baltimore St

20. FILED DEC 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1932 to Dec 19, 1932

I last saw him alive on Dec 19, 1932 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	?
Hypertension	?
Chronic Vascular Nephritis	?
Uremia	prob. Nov 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Dewitt C. Clark M. D.

(Address) J. H. Hosp.

M. D. H. 1268-9

5646 **HEALTH DEPARTMENT—CITY OF BALTIMORE** H 85646

CERTIFICATE OF DEATH

V 82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 Jefferson St. 6-9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary White

(a) Residence: No. 1727 Jefferson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucious White

DATE OF BIRTH (month, day, year) Aug 2 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Tennessee

13. NAME James Hobson

14. BIRTHPLACE (city or town) (State or country) Tennessee

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Lavinia Cooks daughter

(Address) 1727 Jefferson St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12-24 1932

UNDERTAKER Samuel Bowers

(Address) 508 N. Eutaw St

FILED 12-24 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1932 to Dec 20 1932

I last saw her alive on Dec 20 1932 Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	Dec 20 1932

Other contributory causes of importance:

Hypertension (arteriosclerosis) Senile Brain Changes and Myocarditis

Name of operation none Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) R. J. Young M. D.

(Address) 1729 E Monument St

-30 85647 00 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85647

CERTIFICATE OF DEATH

✓ 107-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1621 Elkins Lane. ST. 23-32 WARD

2-FULL NAME Gloria M.Fisher.

(a) RESIDENCE NO. 1621 Elkins Lane. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

7 DATE OF BIRTH (month, day, and year) November 9, 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	11	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Edward L.Fisher.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rose Shinaberry.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

Informant Rose Fisher.(mother)

(Address) 1621 Elkins Lane.

Filed DEC 21 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.
unknown.

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

12/20/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int. Private — DATE OF BURIAL 12/21 1932

UNDERTAKER Harry H. Deitzhe — ADDRESS 4101 Edmondson Ave

M. D. B. 1268-9

85648

HEALTH DEPARTMENT—CITY OF BALTIMORE

85648

CERTIFICATE OF DEATH

V 11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 15-67 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lola Marie Harner

(a) Residence: No. 3007 W North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mr. J Edward Harner

7. DATE OF BIRTH (month, day, year) May 4, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	37	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) Dec - 1932

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

13. NAME Charles Koutzahn

14. BIRTHPLACE (city or town) (State or country) Frederick Md

15. MAIDEN NAME Ida Long

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mr. J. E. Harner

(Address) 3007 W North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Md Date Dec 22, 1932

19. UNDERTAKER (Wm) Hickey Sons

(Address) North & Fremont Ave

19 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932 to Dec 20, 1932

I last saw her alive on Dec 20, 1932 Death is said to have occurred on the date stated above, at 5:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12/10/32
Pneumonia, bilateral, broncho	12/17/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify.....

(Signed) Wm. H. Eisenbrandt M. D.

(Address) Union Memorial Hospital

85649

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85649

CERTIFICATE OF DEATH

181

REGISTERED NO. 26-75

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital ST. (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jean C. Clark.

(a) RESIDENCE NO 337 Washburn St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 8 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, and year) March 31, 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	8	22	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Arthur T. Clark.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.

12 MAIDEN NAME OF MOTHER Rachael O. Glass.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Md.

Informant Rachael O. Clark. (mother)

(Address) 337 Washburn St.

Filed 21 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

1st, 2nd and 3rd degree burns about the body. Occidental Death. Dress caught fire from a burning match.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 887 Washburn St. December 17, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Reinhardt, M. D. Coroner

12/20/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem

DATE OF BURIAL Dec 22 1932

20 UNDERTAKER J. Fenn McCully

ADDRESS 130 E Fort

M. D. B. 1268-0

85650 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85650

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Old York Rd. Ward) 27-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Nix Barrick

(a) Residence: No. 404 Old York Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Barrick

DATE OF BIRTH (month, day, year) Nov 5-1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Block Pavement

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Rocky Ridge Md

12. NAME Geo Nix Barrick

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma Virginia Bingaman

16. BIRTHPLACE (city or town) (State or country) Kentucky

INFORMANT (Address) Mrs Emma Barrick 404 Old York Rd

BURIAL, CREMATION, OR REMOVAL Place Rocky Ridge Md Date Dec 22nd 1932

UNDERTAKER (Address) Peter Stitely 2242 N. Charles St

DATE RECEIVED Dec 21 1932 Clifford Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1932 to Dec. 20, 1932

I last saw h(im) alive on Dec. 20 1932 Death is said to have occurred on the date stated above, at 1.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (lobar	
Other contributory causes of importance:	
Hypertension (slight	
apoplexy left side)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl H. Benson, M. D.

(Address) 5111 York Rd.

. D. R. 1269-9

E 85651 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85651

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl 8-36 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Roy

(a) Residence: No. 235 Shirley St. St., Ward.
(Usual place of abode) Schroeder (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Agnes Roy 1878

6. DATE OF BIRTH (month, day, year) 6/10/1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

13. NAME John Roy

14. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

15. MAIDEN NAME Eliza ?

16. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

17. INFORMANT Jane Queen

(Address) 245 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Dec 22, 1932

19. UNDERTAKER Miss Katie R. Williams

(Address) 322 N. Schroeder St. Pimlico

20. FILED Dec 21 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/7/32, 19..., to 12/18/32 19...

I last saw him alive on 12/19, 1932 Death is said to have occurred on the date stated above, at 1-25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	?
Other contributory causes of importance:	
Chronic Nephritis	?
Uremia	5 days

Name of operation Suprapubic exploratory 12/10/32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Signed) Wm. Bruce Schulze M.D.

(Address) Balto City Hospitals

D. B. 1268-9

E 85652

85652 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 S. Kenwood Ave. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Stanton Sr.

(a) Residence: No. 645 S. Kenwood Ave. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia Stanton.

6. DATE OF BIRTH (month, day, year) July 31 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 600

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James Stanton.

14. BIRTHPLACE (city or town) (State or country) London Eng.

15. MAIDEN NAME Elizabeth Appel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT James Stanton Jr. (Son)
(Address) 107 S. Linwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Dec. 22. 1932

19. UNDERTAKER Kelly & Zeller Inc.
(Address) 445 O. Wolfe St.

FILED 1932 Dec. 19 ML Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19/32. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) C. F. Hergenrot M. D.

(Address) 1305 N. Milton Ave. Coroner

M. D. H. 1268-9

E 85653 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85653

CERTIFICATE OF DEATH

100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1852 N. Wolfe St. 8-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy F. McDowell.

(a) Residence: No. 1852 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth S. (Kiel)

7. DATE OF BIRTH (month, day, year) 1-23-1892

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
40	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mattress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edw. P. McDowell

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Laura J. Evans

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elizabeth McDowell

(Address) 1852 N. Wolfe St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 12/23/32 19

19. UNDERTAKER George J. Roth Balto Md

(Address) 1235 Hoffman Ave Balto

20. FILED 1932 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/17/ 1932 to 12/20/ 1932

I last saw him alive on 12/20/ 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inflamed Hemorrhoids	

Other contributory causes of importance:

Coronary Embolism	

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Sigel Lattman M. D.

(Address) 1304 E Chase

85654

E 85654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1540-Aisquith Street St., 9-18 Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret A. Finnessy

(a) Residence: No. 1540-Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of -------

7. DATE OF BIRTH (month, day, year) 3/30/1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	19	xxxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Patrick Finnessy

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Catherine Sexton

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Alice S. Finnessy
(Address) 1540-Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/22/32 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1926 to Dec 19 1932

I last saw h[illegible] alive on Dec 19 1932. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cerebral Thrombosis	7
Chr. Interstitial Nephritis	7
Cardiac Hemorrhage	Dec 32

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

H. D. B. 1268-9

5655

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85655

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 809 N. Arlington Ave St.) (Ward) 23

Length of residence in city or town where death occurred 3 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Butler

(a) Residence: No. 809 N. Arlington Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Poland	Married

If married, widowed, or divorced ~~HUSBAND of~~ ~~late~~ WIFE of John H. Butler

DATE OF BIRTH (month, day, year) March 5, 1900

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	9	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Edgefield S.C.

13. NAME Early Moton

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

INFORMANT John H. Butler

(Address) 809 N. Arlington Ave

BURIAL, CREMATION, OR REMOVAL

Place N. Arlington Date Dec 23 1932

UNDERTAKER Wm. H. Grace & Son

(Address) 35 N. Eutaw St.

DATE 21 1932 Registrar Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1932 to Dec 20, 1932

I last saw her alive on Dec 19, 1932. Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Bronchopneumonia	18 days

Other contributory causes of importance:

Diabetes Mellitus	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Glucose Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Lee Phd. M. D.

(Address) 924 Madison Ave

M. D. B. 1268-0

85656

E 85656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 161-001

Registered No. .....

1. PLACE OF DEATH Church Home & Infirmary (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. North Broadway St. E (Ward) 7)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Schmitt

(a) Residence: No. 6207 Harford Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Never Born Male

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Never Born Male

6. DATE OF BIRTH (month, day, year) Dec 15, 1932

7. AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Never Born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Never

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Mr. William Schmitt

14. BIRTHPLACE (city or town) Heidelberg
(State or country) Germany

MOTHER

15. MAIDEN NAME Mildred Price

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Mr. Wm. Schmitt
(Address) 6207 Harford Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 21, 1932

19. UNDERTAKER Geo. M. Rieman & Son
(Address) 1502 Pennsylvania Ave.

20. FILED DEC 21 1932 Walter Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6:30 p.m. Dec 19, 1932, to 6:30 A.M. Dec 20 1932
I last saw him alive on Dec 20 1932, 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Pulmonary Edema	12 19 32
Atelectasis, Congenital.	
Other contributory causes of importance:	
Pneumonia, terminal.	12 20 32

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Richard J. Cummings, M. D.

(Address) The Church Home and Infirmary

M. D. B. 12

85657

16795

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85657

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3-5 Ward) 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Julio Libbi (Giulio Libbi)

(a) Residence: No. 227 S Granby St., Ward. H. L 4 6.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

6a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 12, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	11 mos	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Tony Libbi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Lizzie Vanella

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 12/23/32 19

19. UNDERTAKER Geo. H. Butler Sons
(Address) 1211 Hollins St

20. FILED Dec 23 1932 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 th. 1932 to Dec. 21 st. 1932

I last saw him alive on Dec. 21 st. 1932 Death is said to have occurred on the date stated above, at 7.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar	Dec 13
Acidosis	Dec 20

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hans G. Kottmeyer M. D.

(Address) Johns Hopkins Hospital.

M. D. H. 1268-9

85658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85658

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1046 Pennsylvania Ave St. 7-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Clark

(a) Residence: No. 1040 Pennsylvania Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 12/16/32

AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
—	—	3 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... (new born)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Samuel McCrae

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Hester Clark

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT ... Mother
(Address)

BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Dec 21 19 32

UNDERTAKER ...
(Address)

FILED 1932 Huntington Williamsport Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/32 19

22. I HEREBY CERTIFY, That I attended deceased from 12/16/32, 19..., to 12/20/32, 19...
I last saw her alive on 12/19/32, 19... Death is said to have occurred on the date stated above, at 12 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
28 wks. Abortion	

Other contributory causes of importance:

Influenza Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.

(Address) ...

. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85659

CERTIFICATE OF DEATH

159

E 85659

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 90-64 St., (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Evans x/

(a) Residence: No. 2103 Wilhelm St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-20-32

AGE Years	Months	Days	If LESS than 1 day 2½ hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Raymond F Evans

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Frances E. Filippino

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Frances Evans

(Address) 2103 Wilhelm St

BURIAL, CREMATION, OR REMOVAL

Place U of M Med College Date Dec 21, 1932

UNDERTAKER

(Address) Huntington Pottsburg, W. Va.

FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1932 to 12-20, 1932

I last saw him alive on 12-20, 1932. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Stillborn~~	
Viable	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo. F. Evans M. D.

(Address) St Agnes Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85660 E 85660

CERTIFICATE OF DEATH

X-49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 6-4 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Nettie Hardy

(a) Residence: No. Frederick, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced (or) WIFE of Edward F. Hardy

6. DATE OF BIRTH (month, day, year) Feb. 4, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) Sept 1932

11. Total time (years) spent in this occupation 33 yr

12. BIRTHPLACE (city or town) (State or country) Frederick md

FATHER

13. NAME Edward Orison

14. BIRTHPLACE (city or town) (State or country) Frederick

MOTHER

15. MAIDEN NAME Gertrude Marlow

16. BIRTHPLACE (city or town) (State or country) Loch md

17. INFORMANT Mrs. Nettie Hardy
(Address) data before death

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet
Place Frederick Md Date 12/24, 1932

19. UNDERTAKER Harry E Cayton
(Address) Frederick Md

FILED 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1932 to Dec. 21, 1932

I last saw her alive on Dec. 21, 1932 Death is said to have occurred on the date stated above, at 11:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma, st. ovary	
Carcinoma, metastatic to pelvis, including bladder and rectum, secondary to carcinoma of unknown origen	6/12/32
Other contributory causes of importance:	
Myocarditis, chronic	12/4/32
Vesico-vaginal fistula:	12/1/32
Epithelioma	

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Y-S

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Richard C. Cunningham M. D.

(Address) The Church Home and Infirmary

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85661

CERTIFICATE OF DEATH

E 85661

124-001

1. PLACE OF DEATH: Baltimore City Hospitals

CITY OF BALTIMORE: (No.) Baltimore Md St. 11-24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Joseph Sylvester

(a) Residence: No. 1007 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie ?

DATE OF BIRTH (month, day, year): Sept 2 —

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	— 3	— 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Huckster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

BIRTHPLACE (city or town) (State or country): Italy

13. NAME: Daniel —

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: Marie ?

16. BIRTHPLACE (city or town) (State or country): Italy

INFORMANT (Address): Records City Hospitals Balto

BURIAL, CREMATION, OR REMOVAL

Place: Dec 2, 1932 Date:

UNDERTAKER (Address): John F. Lahey & Son 1318 Leight St

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-3 1932 to 12-20 1932

I last saw h alive on 12-20 1932 Death is said to have occurred on the date stated above, at 4:40 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	1-1-32
	do
Other contributory causes of importance: None	do

Name of operation: No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify —

12-20-32 (Signed) Edward Kirkbright M. D.

(Address) Balto. City Hospitals

...—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

85662 | E 85662

CERTIFICATE OF DEATH

97

1—PLACE OF DEATH — REGISTERED NO. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE (No.) 2239 Patterson Park Ave (ST.) — 3 (WARD)

2—FULL NAME Lizette Bohnenberg

(a) RESIDENCE NO. 2239 Patterson Park Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S., if foreign birth? 73 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Frederick Bohnenberg

6 DATE OF BIRTH (month, day, and year): Dec 23, 1839

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	92	11	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Germany

10 NAME OF FATHER: Millet

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: —

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Informant: Mrs Nellie Foster

(Address) 2239 Patterson Park Ave

Filed 1932, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 20, 1932

17 I HEREBY CERTIFY, That I attended deceased from 1/6/32, 19..., to 12/20, 19 32

that I last saw h[illegible] alive on 12/20/32, 19...

and that death occurred, on the date stated above, at 10:30 A m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

Gangrene of Extremities

Cardiac Decompensation

(duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ...

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? ... Date of ...

Was there an autopsy? no

What test confirmed diagnosis? P.S.

(Signed) Daniel L Dunbar, M. D.

19 3 (Address) 3468 Old York Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Emmanuel Cem

DATE OF BURIAL: Dec 23 1932

20 UNDERTAKER: Louis J Heuman

ADDRESS: 32 S. Broadway

M. D. B. 1268-9

E 85663

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85663

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2320 E. Fairmount Ave 6-10 St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Sommers

(a) Residence: No. 2320 E. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Michael Sommers

DATE OF BIRTH (month, day, year): Oct 14 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Mary Cullender

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Martha Fleming

16. BIRTHPLACE (city or town) (State or country): England

INFORMANT: Mrs Wm Cullender

(Address) 2320 E Fairmount Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/22 19

UNDERTAKER: J. Pratt Mc Guigan

(Address) 200 E Baltimore St

FILED 1922 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 19 – 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1932 to Dec 19 1932

I last saw her alive on Dec 18 1932 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	Dec 13

Other contributory causes of importance:

Thrombosis Coronary Disease Pulmonary Edema	3 days

Name of operation: — Date of: —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify)

(Signed) H. E. Key M. D.

(Address) 1501 N. Milton Ave

spec.—1-12-23—M&T—500 Blks.

E 85664

HEALTH DEPARTMENT—CITY OF BALTIMORE E 85664

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3027 W. Calvert ST. 12-50 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eliza A. Bloom

(a) RESIDENCE NO. 30 2nd W. Calvert ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Chas. A. Bloom

DATE OF BIRTH (month, day, and year): Dec. 22, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore

10 NAME OF FATHER: Wm. E. Gorsuch

11 BIRTHPLACE OF FATHER (city or town) (State or country): D.C.

12 MAIDEN NAME OF MOTHER: Annie E. Bean

13 BIRTHPLACE OF MOTHER (city or town) (State or country): D.C.

Informant (Address): Annie A. Adams 3027 W. Calvert St

Huntington Williams, M.D. 6 W. Fayette St

1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 19 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec 14, 1932 to Dec. 19, 1932

that I last saw her alive on Dec 19, 1932

and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Coma by Exclusion, Myocarditis and Chronic Nephritis - Interstitial

About (duration) 9 yrs. mos ds.

CONTRIBUTORY (Secondary) Hypostatic Congestion, etc.

About (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical 3rd Physical

(Signed) Dr. L. Williams, M. D.

, 19 (Address) 274 E 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem

DATE OF BURIAL: 12/22 1932

20 UNDERTAKER: J. A. Moran

ADDRESS 3000 E. Baltimore St.

H. D. B. 1265-9

85665

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85665

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1101 E. North Ave. St., 9-18 Ward)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Hughes

(a) Residence: No. 1101 E. North Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of James J. Hughes

DATE OF BIRTH (month, day, year) May 15, 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Galway
(State or country) Ireland

13. NAME Thomas Mahoney

14. BIRTHPLACE (city or town) Galway
(State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Ireland

INFORMANT Mr. James J. Hughes
(Address) 1101 E. North Ave.

BURIAL, CREMATION, OR REMOVAL.
Place Mer Greenlawn Date Dec 22" 1932

UNDERTAKER Joseph D. Cook
(Address) 1063 N. Eutaw St.

FILED 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from February, 1930 to Dec. 20, 1932

I last saw h. er alive on Dec. 20, 1932 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1930
Hemiplegia	1931
Infirmity of Senility	1931
Other contributory causes of importance: Nephritis (Bright's Disease)	1932

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify.

(Signed) H. L. Mason, M. D.

(Address) 516 Cathedral St.

H. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85666

CERTIFICATE OF DEATH

131 E 85666

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3311 McElderry St. 26-11 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Irene L. Collison

(a) Residence: No. 3311 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry M. Collison

6. DATE OF BIRTH (month, day, year) Nov. 2-1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Eastern Shore

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Eastern Shore

INFORMANT Mrs. Irene L. Reese

(Address) 3311 McElderry St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 29 1932

UNDERTAKER John C. Miller

(Address) 1625 E. Monument St.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1- 1932 to Dec 21- 1932

I last saw him alive on Dec. 20, 1932. Death is said to have occurred on the date stated above, at 2 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	?
Other contributory causes of importance:	
Pneumonary Oedema	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Allen C. Beckham, M. D.

(Address) 3139 E. Baltimore St.

M. D. B. 1268-9

85667

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85667

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 213 E North Ave St. 12-19 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Willie McCoy

(a) Residence: No. 213 E North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Thomas McCoy

DATE OF BIRTH (month, day, year) Dec 7 1853

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	77	0	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of Father William Eggleston

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Emily Dilman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Carrie McCoy

(Address) 213 E North Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12-22, 1932

UNDERTAKER Wm Cole

(Address) Lanvale & Eutaw

FILED 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1932, to Dec 20, 1932

I last saw h.. alive on Dec 20, 1932. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12/11/32
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Hurd Portman M. D.

(Address) 1 E North Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85668

CERTIFICATE OF DEATH

V 164 E 85668

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 811 E. 33rd St., 9-46 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gaines O. B. Every

(a) Residence: No. 811 E. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lota M. Every

DATE OF BIRTH (month, day, year) Jan 31, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedoring

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cottman Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Barnes, S.C.

13. NAME Robert A. Every

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Luct Galbroth

16. BIRTHPLACE (city or town) (State or country) S.C.

INFORMANT B. Frank Every
(Address) 420½ Kolb Ave

BURIAL, CREMATION, OR REMOVAL Date 12/23 1932
Place Forrest Lawn

UNDERTAKER Wm Cook & Pulsifer
(Address) 2170 E Pratt

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21/32 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19

I last saw h alive on about 9 A.M. 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Monoxide Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Dec 21/32 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place garage rear of home

Manner of injury Found in driver's seat engine running

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos W Owens M. D. Coroner

(Address) 508 E Fort Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85669

CERTIFICATE OF DEATH

E 85669

95-002

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 8-7 (Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Olga Hecht

(a) Residence: No. 750 W. Lexington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Isadore Hecht

DATE OF BIRTH (month, day, year) Oct 7-1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	2	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Isadore Hecht
(Address) 750 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/24, 1932

19. UNDERTAKER J. M. Cook
(Address) 1211 Pennsylvania Ave

20. FILED 12/24, 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute edema of lungs 1	
Other contributory causes of importance:	
Acute Cardiac Insufficiency 1	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9

85670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85670

92-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1768 Homestead St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Louise Harryman

(a) Residence: No. 1768 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of William Harryman

DATE OF BIRTH (month, day, year) July 11th 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Andrew Mac Neal

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Elizabeth Prince

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mac Warren

(Address) 3035 Frisby St

BURIAL, CREMATION, OR REMOVAL

Place Balto Date Dec 23rd 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED DEC 27 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1932 to Dec 20, 1932

I last saw her alive on Dec 20, 1932 Death is said to have occurred on the date stated above, at 5th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	1 yr
Other contributory causes of importance:	
a Bronchitis	7 days

Name of operation / Date of

What test confirmed diagnosis? / Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Walter W White Jr. M. D.

(Address) 2800 St Paul St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85671

CERTIFICATE OF DEATH

M
V 206
E 85671

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 1-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo Joseph Lewandowski

(a) Residence: No. 1110 S Linden St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) March 25, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commercial Travs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt., Md.

13. NAME Laurence Lewandowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Lukaviak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Bertha Lewandowski

(Address) 1110 S Linden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Dec. 24, 1932

19. UNDERTAKER (Asst.) F. Wlodarski Inc.

(Address) 1202 N. Kenwood Ave

20. FILED 1932, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from injury, 19.. to .., 19..

I last saw h.. alive on injury, 19.. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

(a) Accidental Avulsion of left thigh. Hemorrhage from femoral vein

Other contributory causes of importance: Automobile Accident

Date of onset

Name of operation none Date of ..

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12 20, 1932

Where did injury occur? North Ave Front Tunnel Penna R.R.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by a freight train

Nature of injury Avulsion of left thigh

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ..

(Signed) Joseph V. Kerry M.D. Coroner, M. D.

(Address) 1202 E Madison St

D. B. 12689

85672

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85672

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md. St., 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Hall

(a) Residence: No. 1624 Ashland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Jessie

DATE OF BIRTH (month, day, year) Jan. 8, 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Aged	80	11	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME Jeremiah Hubbard

11. BIRTHPLACE (city or town) (State or country) Balto Md

12. MAIDEN NAME Mary Kizer

13. BIRTHPLACE (city or town) (State or country) Virginia ~~Balto Md~~

14. INFORMANT Records Balto City Hospitals

(Address)

15. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date Dec. 23, 1932

16. UNDERTAKER Feney Stone Funeral Home, Inc.

(Address) 1301 E. Eager St.

17. FILED Dec 23 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-27-, 1932, to 12-21, 1932

I last saw h.. alive on 12-21, 1932 Death is said to have occurred on the date stated above, at 4:25 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	1929
Other contributory causes of importance:	
Bronchopneumonia	12-16-32

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12-27-32 (Signed) Emanuel Hirshberg M. D.

(Address) Balto City Hospitals

H. D. B. 1268-9

E 35673

5673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1204 E. Eager St. 10-14 Ward)

Length of residence in city or town where death occurred Life mos. ..... dy. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Edelmann

(a) Residence: No. 1204 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced (or) WIFE of Frank W. Edelmann

DATE OF BIRTH (month, day, year) Aug. 20 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	4	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME August Baldus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Mr. Frank A. Edelmann

(Address) 1204 E. Eager St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Dec. 25 1932

UNDERTAKER Henry Hoen & Sons Inc

(Address) 1301 E. Eager St.

FILED Dec 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1932

22. I HEREBY CERTIFY, That I attended deceased from June 19 1928 to Dec 21 1932

I last saw h[illegible] alive on Dec 7th 1932 Death is said to have occurred on the date stated above, at 4. p.m.

The principal cause of death and related causes of importance were as follows:

Generalized arterio Sclerosis — ?
Chronic Bronchitis — 1

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Thomas Ryman M. D.

(Address) 11 East Chase St.

D. B. 1268-9

85674

HEALTH DEPARTMENT—CITY OF BALTIMORE

85674

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 230 W. Hamburg St. 23-31 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George C. Harrison

(a) Residence: No. 230 W. Hamburg St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Divorced

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hamburg Germ

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Annie Johnson

(Address) 230 W. Hamburg

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec 22 1932

UNDERTAKER James A. Hayes

(Address) 1142 Hill St

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1932 to Dec 19 32

I last saw him alive on Dec 19 1932 Death is said to have occurred on the date stated above, at 11.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) John J. Lane, M. D.

(Address) 615 S. Ouea

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85675

85675

CERTIFICATE OF DEATH

X 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 511 N. George Ave St. 27-46 Ward 6

Length of residence in city or town where death occurred ... yrs. 7 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Edward Andrews

(a) Residence: No. Upstairs 7nd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced: HUSBAND of (or WIFE of) Ella Hutt Andrews

7. DATE OF BIRTH (month, day, year) Jan 8. 1860

8. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	11	13	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oil

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canning Factory

11. Date deceased last worked at this occupation (month and year) 1927 | 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Fruitland Md

13. NAME OF FATHER Salisbury Andrews

14. BIRTHPLACE (city or town) (State or country) Fruitland Md

15. MAIDEN NAME OF MOTHER Catherine Staton

16. BIRTHPLACE (city or town) (State or country) Fruitland Md

17. INFORMANT Charles E. Andrews

(Address) 511 N. George Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Easton Md Date Dec 24. 1932

19. UNDERTAKER Fairbanks Funeral Home

(Address) Easton Md

20. FILED 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21. 1932

22. I HEREBY CERTIFY, That I attended deceased from October 17. 1932 to Dec 21 1932

I last saw him alive on Dec 18 1932 Death is said to have occurred on the date stated above, at 9.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	?
Other contributory causes of importance: Cerebral Thrombosis	Dec 1932

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Peter L. Fraley, M. D.

(Address) 3522 Greenmount Ave

D. H. 1268-b

85676 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 85676

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH Bulto City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 17-24 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosie Tyler

(a) Residence: No. 517 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

If married, widowed, or divorced (or) WIFE of Harry Tyler

DATE OF BIRTH (month, day, year) 12-11-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Geo Nicholson

14. BIRTHPLACE (city or town) (State or country) Clarkton Md

15. MAIDEN NAME Chaplet

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place MT Olivet Cem Date 12/23, 1932

19. UNDERTAKER Samuel T. Hemsley

(Address) 528 W Biddle St

FILED 12/22 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1932 to 12-21, 1932

I last saw her alive on 12-21, 1932 Death is said to have occurred on the date stated above, at 12 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
Marked Arteriosclerosis	?
Chronic Nephritis	2-1-32
Other contributory causes of importance:	
Bronchopneumonia	12-17-32

No

Name of operation ..... Date of ...

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Bruce Gilgore M. D.

(Address) Balto City Hospitals

D. B. 1268-9

E 85677

85677 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 14-20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Wharton

(a) Residence: No. 1557 Argyle Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Fanny Wharton

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Martha

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Daisy Mason
(Address) 1557 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Tasley Va Date 12/22, 1932

19. UNDERTAKER Samuel F. Beauchamp Sr
(Address) 5787 Belair Rd Baltimore, Md

FILED DEC 22 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... to ... , 19... Death is said I last saw h... alive on ... , 19... to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows: Acute Myocarditis — Date of onset ...

Other contributory causes of importance: Backache & nervousness

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D. Coroner

(Address) 1305 N Fallsway

E 85678

H. & T.—100 B—50L.

85678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-52 82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PLACE OF DEATH

OF BALTIMORE: (No. 807 Wellington ST. 13-52 WARD)

FULL NAME Marshall A. Cook.

RESIDENCE NO 807 Wellington ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

If residence is city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
...e	white	marr'd.

...rried, widowed, or divorced
...USBAND of
...) WIFE of Florence Cook.

...E OF BIRTH (month, day, and year) Feb 16 1867

Years	Months	Days	If LESS than 1 day, hrs or ... min.
...5	10	5	

...PATION OF DECEASED
...rade, profession or ...cular kind of work Retired
...eneral nature of industry, ...ness, or establishment in ...h employed (or employer)

...ame of employer

...HPLACE (city or town) ... or country) md.

...AME OF FATHER George W. Cook.

...RTHPLACE OF FATHER (city or town) md.
...ate or country)

...AIDEN NAME OF MOTHER Margaret Dixon

...RTHPLACE OF MOTHER (city or town) md.
...ate or country)

...ant Florence Cook.
...dress) 807 Wellington St.

..... 192... ...ington ... Title ...

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 21, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Jury (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Fred Hoffman M. D.
Coroner

, 19 (Address) 3672 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn

DATE OF BURIAL Dec 24, 1932

20 UNDERTAKER Chenowith & Son

ADDRESS 3615-17 Chestnut Ave

D. B. 1268-9

Fullet

85679 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85679

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 81. Agnes Ho St. 14-28 Ward 8)

Length of residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Jane Fuller

(a) Residence: No. 1802 W. Fenton St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 19 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3 mos	3	2	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

9. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

10. BIRTHPLACE (city or town) (State or country) Baltimore Md.

12. NAME John H Fuller.

13. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Katrina Walsh.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT John H Fuller

(Address) 1802 W Fenton St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date Dec 23, 1932

19. UNDERTAKER Thos J Lennon & Son

(Address) 1701 E Lanvale St

DEC 22 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-45 AM 12-4, 1932, to PM 12-21-, 1932

I last saw her alive on 12-21-32 19.... Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Terminal Convulsions
Cardiac failure

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Alfred V Adams M. D.

(Address) 81 St Agnes Hr.

D. B. 1265-9

85680 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85680

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 Edgewood St. 16-70 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George E. Coggins

(a) Residence: No. 625 Edgewood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married.

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mabel Coggins

6. DATE OF BIRTH (month, day, year): Jan. 5 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna. R R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME Louis E. Coggins.

14. BIRTHPLACE (city or town) (State or country): England.

15. MAIDEN NAME Camelia Warner

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT: Mabel Coggins.

(Address) 625 Edgewood St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 12-28 1932

19. UNDERTAKER: E & O Harle

(Address) 45 E West St

DEC 22 1932 Huntington Williams N.P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1932 to Dec 20 1932

I last saw h.im alive on Dec 20 1932. Death is said to have occurred on the date stated above, at 7 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Sat. Nephritis	1932

Other contributory causes of importance:

Arteriosclerosis
Chronic Myo-Cardit.
Cerebral Hemorrhage

Name of operation None. Date of —

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? no

28. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

(Signed) ... M. D.

(Address) 88 Townsend St

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85681 — CERTIFICATE OF DEATH — E 85681

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 20-25 Ward)

Length of residence in city or town where death occurred 78 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Kindwater

(a) Residence: No. 614 Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed or divorced HUSBAND of (or) WIFE of Henry Kindwater

6. DATE OF BIRTH (month, day, year) (?) 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER John Mayenschein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Mary -

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 23 19 32

19. UNDERTAKER J. Vernon Tschupp
(Address) 532 Hollins St

20. DATE RECEIVED DEC 22 1932 Registrar Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-25, 1930 to 12-20, 1932

I last saw her alive on 12-20, 1932 Death is said to have occurred on the date stated above, at 12 m. Tonight

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypostatic Arthritis	?
Arteriosclerosis -	?
Other contributory causes of importance:	
Bronchopneumonia	12-13

No

Name of operation ... Date of ...

What test confirmed diagnosis? CF Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in **industry**, in **home**, or in **public place** ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Wm Rowe Lukens M. D.
(Address) Bolto City Hospitals

0—M. & T.—100 B—50L

85682

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85682

CERTIFICATE OF DEATH

✓108

REGISTERED NO. 27-48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Bessie H.Kallinsky.

(a) RESIDENCE NO 4738 Alhambra St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE OF Isaac Kallinsky.

See reverse side

6 DATE OF BIRTH (month, day, and year) May 22, ~~1890~~ 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40 ~~42~~	6	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer) 0
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland.

10 NAME OF FATHER John Tall.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

12 MAIDEN NAME OF MOTHER Mary Taylor.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant Isaac Kallinsky.(husband)

(Address) 4738 Alhambra St.

(Filed) 12 1932 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 20,1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.
Pulmonary Oedema.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 4738 Alhambra St. December 19, 1932

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto McKinnard, M. D. Coroner

12/20/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem DATE OF BURIAL Dec 23, 1932

20 UNDERTAKER A. Hund & Evans ADDRESS 38 E. Fabette

M. D. B. 1268-9

85683 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 85683

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... Balto Md St. ..... Ward) City

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Aaron Ringgold

(a) Residence: No. 917 Pendle Court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Ringgold

6. DATE OF BIRTH (month, day, year) Sept. 6, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Julius Ringgold

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Annie Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rear Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Cemetery Date Dec 22, 1932

19. UNDERTAKER Edward Bryan
(Address) 62 Wilson Ave

20. FILED ..... 19..... Registrar .....
DEC 21 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-32

22. I HEREBY CERTIFY, That I attended deceased from 1-21, 1932 to 12-19, 1932

I last saw h.. alive on 12-19, 1932 Death is said to have occurred on the date stated above, at 2.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcal Empyema	6½ months ago
Septicemia	

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12-22-32 (Signed) Elmer Hitchcock M. D.

(Address) Balto. City Hospitals

D. B. 1268-9

85684 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 85684

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Cliftmont Ave. St. 8-40 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Lackey.

(a) Residence: No. 3108 Cliftmont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Alexander Lackey.

6. DATE OF BIRTH (month, day, year): Oct. 16 1841.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	91	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Wife.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Bernard McDonough

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Margaret Ramsey

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Lillian Roth (daughter)

(Address): 3108 Cliftmont Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Sacred Heart Ce... Date: 12/23/32

19. UNDERTAKER: Lilly & Zeiler Inc.

(Address): 403 S. Dallas St.

Dec 22 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 20/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 19 32 to Dec 21 19 32

I last saw h... alive on Dec 21 19 32 Death is said to have occurred on the date stated above, at 10:30 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	Dec 20/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. S. Hardesty M. D.

(Address) 4810 Belair Rd.

H. D. B. 1268-0

E 85685

E 85685 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Orleans St. St. 6-10 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Louisa Dunkes.

(a) Residence: No. 2401 Orleans St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Michael Dunkes.

DATE OF BIRTH (month, day, year) April 18 1855.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired, ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Christopher Geisegan.

14. BIRTHPLACE (city or town) .....
(State or country) Germany.

15. MAIDEN NAME Crescentia ?

16. BIRTHPLACE (city or town) .....
(State or country) Germany.

INFORMANT William Dunkes (Son)
(Address) 521 N. Highland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathederal. Date Dec. 24, 19 32

UNDERTAKER Lilly & Zeiler Inc.
(Address) 1005 S. Wolfe St.

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20/32. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to Dec 20 32, 19..

I last saw h. alive on Dec 20, 19 32 Death is said to have occurred on the date stated above, at 2:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	long
Metastasis to Liver	
Other contributory causes of importance:	
acute Cardiac Dilatation	day

Name of operation Sen Hysterectomy Date of 12/20

What test confirmed diagnosis? Was there an autop...

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) ..... M. D.

Address .....

D. H. 1268-9

85686 HEALTH DEPARTMENT—CITY OF BALTIMORE 85686

CERTIFICATE OF DEATH

94-001

Registered No. 26-37

. PLACE OF DEATH

TY OF BALTIMORE: (No. 3710 Mt. Pleasant Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

. FULL NAME Charles Frederick Munk.

(a) Residence: No. 3710 Mt. Pleasant Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Munk.

ATE OF BIRTH (month, day, year) Sept. 4 1885

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	16	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman.

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

3. NAME Frederick Munk.

4. BIRTHPLACE (city or town) (State or country) Germany.

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Germany.

NFORMANT Helen Munk (Wife)

(Address) 3710 Mt. Pleasant Ave.

URIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Dec. 23, 1932

NDERTAKER Lilly & Feiler Inc.

(Address) 4025 Wolfe St.

ILED 12 1932 Huntington Pillieux M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

Prostate (Angina Pectoris) — Date of onset

Other contributory causes of importance: Excessive smoking Pipe

Name of operation Date of

What test confirmed diagnosis? Vish Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Gutman M. D. Coroner

(Address) 1000 Fallsway

aCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

85687 V E 85687

CERTIFICATE OF DEATH

92-001

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sister of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Brown

(a) Residence: No. Little Sisters - 220 - Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Brown

6. DATE OF BIRTH (month, day, year) 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Sebastian Schubert

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Margaret Shanks

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Sister Stanislaus, Superior
(Address) Little Sisters of the Poor - 220 Valley St City

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 27, 1932.

19. UNDERTAKER Lilly & Zeiler, Inc.
(Address) 403 S. Wolfe St.

20. FILED Dec 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Dec 22, 1932

I last saw her alive on Dec 22, 1932 death is said to have occurred on the date stated above, at 0300 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	9 yrs
Arteriosclerosis	2 yrs.

Other contributory causes of importance:

Asthma

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Carlin, M. D.

(Address) 1114 Hollins

—8-16-29—L. F. S.—100 Blks.

Coofw

35688 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ 108 E 85688

CERTIFICATE OF DEATH

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) 241 N Amity ST. 18-26 WARD)

—FULL NAME Solomon Cooper

) RESIDENCE NO. 241 Amity St. WARD

(Usual place of abode) (If non-resident give city or town and State)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: ale Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

arried, widowed, or divorced * HUSBAND of (or) WIFE of Fanny Cooper

E OF BIRTH (month, day, and year) March 17-1864

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	9	1	

UPATION OF DECEASED

Trade, profession or particular kind of work: Coal + Wood

General nature of industry, ness, or establishment in h employed (or employer): Dealer

Name of employer

THPLACE (city or town) te or country: Baltimore

NAME OF FATHER: Alfred Cooper

BIRTHPLACE OF FATHER (city or town) (State or country)

MAIDEN NAME OF MOTHER: Rebecca Rose

BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant: Fanny Cooper

(Address) 241 N. Amity St.

Filed ..... 19 ..... Registrar

1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/18/32

17 I HEREBY CERTIFY, That I attended deceased from 12/12/32, to 12/17/32, 19...,

that I last saw h... alive on 12/17/32

and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ✓ yrs. ✓ mos. 5 ds.

CONTRIBUTORY (Secondary) ✓

(duration) ✓ yrs. ✓ mos. ✓ ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No

What test confirmed diagnosis? ✓

(Signed) W. J. Barksdale M. D.

19 (Address) 546 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

16 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL 12/22 1932

ADDRESS 307

UNDERTAKER Edward P. Hensley

Crosstown

M. D. B. 1268-9

85689 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 85689 X 93-004

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Smith

(a) Residence: No. Hanover St., ... Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: Minnie

7. DATE OF BIRTH (month, day, year): 9-10-1875

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 073

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Harrison Smith

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Keck

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Undertaker

Place: Martinsburg Date: Dec 22, 1932

19. UNDERTAKER: Harrison Keefer

(Address) 1632 Hollins St.

FILED DEC 22 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1932, to Dec 22, 1932

I last saw him alive on Dec 21, 1932 Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Coronary occlusion	Dec. 20
Pulmonary infarction	Dec. 20
Pleural effusion	Dec. 20
Non-Tuberculous	

Other contributory causes of importance:

Left Bundle Branch Block	—
Myocardial failure	—

Name of operation None Date of —

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —, 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hunter McGuire M. D.

(Address) Johns Hopkins Hospital

D. H. 1268-9

5690

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85690

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-31 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Elizabeth Winfield

(a) Residence: No. 908 Warren St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Va

13. NAME Robert Winfield

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Alice Edwards

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Geraldine Winfield
(Address) 908 Warren St

BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date 12/22/1922

UNDERTAKER Isaac L. Young & Son
(Address) 1031 Pennsylvania Ave

D. H. 1022 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1922

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/6/22

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) ...

D. B. 1268-0

85691 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85691

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 W Biddle St. 11-24 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy B Kerby

(a) Residence: No. 305 W Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fml	Wht	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Wm Graham

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Phillis Ellis

(Address) 305 W Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12/22/32

19. UNDERTAKER Mrs Geo. E. Kellam

(Address) 1131 Druid Hill Ave

20. FILED Dec 22 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1932 to Dec 1932

I last saw h alive on Dec 1932. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Phthisis	
Emaciation	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H E Tuck M. D.

Coroner

(Address)

D. H. 1268-9

85692 E 85692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson St., 14-20 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George McClain

(a) Residence: No. 409 Roberts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
9 mos	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sara McClain
(Address) 409 Roberts St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date 12/29/32, 19

19. UNDERTAKER Wm. H. Holland
(Address) 760 Druid Hill Ave

FILED 12 30 32, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1932 to 12-28, 1932

I last saw him alive on 12-28, 1932. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-15-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. B. Higgins, M. D.

(Address) Provident Hospital

D. H. 1268-b

85693 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E 85693

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 W. Read St. 11-24 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon DeCoursey

(a) Residence: No. 132 W. Read St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	ed	widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	87	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Mrs. Virginia Conder

(Address) 917 Euclid Washington D.C.

BURIAL, CREMATION, OR REMOVAL

Place Laurel Date 12/23/32, 19

UNDERTAKER Mrs. Geo. E. Holland

(Address) 1003 Druid Hill

FILED Dec 23 1932, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 — 20 —, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12 — 1 —, 1931, to 12 — 20, 1932

I last saw him alive on 12/20/32, 19 . Death is said to have occurred on the date stated above, at 10 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Arteriosclerosis — Cerebral Hemorrhage	
— Generalized Arteriosclerosis	

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. F. Butler, M. D.

(Address) 725 N. Caroline St

H. D. B. 1268-9

85694 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85694

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Lynnate Hospital

CITY OF BALTIMORE: (No. Lombard & Gues) St. 29-31 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marella Reddick

(a) Residence: No. 1002 Sharp St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of wife

DATE OF BIRTH (month, day, year) 7/16/1894

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38 years	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Miss

13. NAME Mr John Simpson

14. BIRTHPLACE (city or town) (State or country) Miss

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Miss

INFORMANT John Reddick

(Address) 1002 Sharp St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/25/32

UNDERTAKER Leach Bros & Jones

(Address) 21 E Montgomery St

FILED 12-27-1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1932 to 12-20, 1932

I last saw h alive on 12-20, 1932. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Bilateral bronchopneumonia

Date of onset 12-19-32

Other contributory causes of importance:

Tobacco use

Date of onset 12-19-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) University Hosp.

H. D. B. 1265-9

85695 HEALTH DEPARTMENT—CITY OF BALTIMORE B 85695

CERTIFICATE OF DEATH

93-004
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Phila. Rd. St. 26-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florentina Wilson

(a) Residence: No. 3303 Phila. Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4a. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Oram L. Wilson

6. DATE OF BIRTH (month, day, year) Feb. 10, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 31

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER William Gross

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Oram L. Wilson

(Address) 3303 Phila. Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 24, 1932

19. UNDERTAKER Wm. E. Miller & Son

(Address) 2224 Jefferson St.

DEC 22 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1932 to Dec 21, 1932

I last saw him alive on Dec 20, 1932. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastritis	Nov 26
Art. Arterial Hypotension	
Other contributory causes of importance:	
Myocardial Insufficiency	Dec
Pulmonary Edema	20

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. G. Geyer M. D.

(Address) 156 N. Millington Ave.

Spec.—1-10-21—MAT—1500 Blks.

85696

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85696

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO. 21-43

CITY OF BALTIMORE: (No. 3108 Ohesley Ave. ST.; WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sophia Fredericka Kramer

(a) RESIDENCE NO. 3108 Ohesley Ave. ST.; WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	married

6 If married, widowed, or divorced (HUSBAND) of (or) WIFE of Chas. Kramer

DATE OF BIRTH (month, day, and year) Sept. 17, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	3	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 31

(b) General nature of Industry, business, or establishment in which employed (or employer) Own home

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Chas. Hartmann

11 BIRTHPLACE OF FATHER (city or town) Balto. (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Schwimberg

13 BIRTHPLACE OF MOTHER (city or town) Balto. (State or country) Md

Informant Chas. Kramer

(Address) 3108 Ohesley Ave.

Filed DEC 22 1932, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 21 1932

17

I HEREBY CERTIFY, That I attended deceased from April, 1929, to Dec. 21, 1932,

that I last saw h alive on Dec. 20, 1932,

and that death occurred, on the date stated above, at 4.09 P. m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

Chronic myocarditis

about 20 yrs. — mos — ds.

(duration)

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Urinalysis

(Signed) G. M. Bacon, M. D.

19 (Address) 2810 Taylor Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL Dec 24 1932

20 UNDERTAKER Wm. C. Miller & Son

ADDRESS 2334 Jefferson St.

D. B. 1268-9

Shaw ✓ M

5697 HEALTH DEPARTMENT—CITY OF BALTIMORE 5697

CERTIFICATE OF DEATH

210-601

Registered No. 27-42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 27 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Warren V. Shaw

(a) Residence: No. 6218 Brook Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 28, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shoppe, Pa.

13. NAME OF FATHER Kenneth C. Shaw

14. BIRTHPLACE (city or town) (State or country) Shoppe, Pa.

15. MAIDEN NAME OF MOTHER Sylvia Orr

16. BIRTHPLACE (city or town) (State or country) Fruitrun, Pa.

17. INFORMANT Kenneth Shaw
(Address) 6218 Brook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Dan Mooke Date 12/23/32

19. UNDERTAKER R. F. Curley
(Address) 2300 E. Monument

20. FILED DEC 23 1932, 19.... M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19.. to Dec. 19..
I last saw h alive on Dec. 19.. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken Neck Basal Fracture of Skull	12/21/32
Other contributory causes of importance: Struck by automobile	12/21/32

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12, 21, 1932

Where did injury occur? Fremont Ave. & Brook Ave. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident.

Manner of injury Struck by auto while riding on sled.

Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph Pokorny, M. D. Coroner

(Address) 2200 E. Madison St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85698

CERTIFICATE OF DEATH

E 85698

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto, City Hospitals 5-8 Ward)

CITY OF BALTIMORE: (No. Balto, Md St.

Length of residence in city or town where death occurred 47 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgie Kelly

(a) Residence: No. 210 Calvin St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Kelly

6. DATE OF BIRTH (month, day, year) 9-16-1870

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	61	2	1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Talbot Co Md
(State or country)

13. NAME John Reynolds

14. BIRTHPLACE (city or town) Talbot Co Md
(State or country)

15. MAIDEN NAME Eleanor Lowe

16. BIRTHPLACE (city or town) Talbot Co Md
(State or country)

17. INFORMANT Records City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 22 1932

19. UNDERTAKER [illegible]
(Address)

[illegible] 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-32

22. I HEREBY CERTIFY, That I attended deceased from 11-30-32 to 12-19-32

I last saw h alive on 12-11-32 Death is said to have occurred on the date stated above, at 2.50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-5-32

Other contributory causes of importance: Arteriosclerosis old age

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

12-19-1932 (Signed) Elmer R. Libby M.D.

(Address) Balto. City Hospitals

. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85699

CERTIFICATE OF DEATH

E 85699

1. PLACE OF DEATH Provident Hospital 108

CITY OF BALTIMORE: (No. 1514 Druid Hill St. 21-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucille Henry

(a) Residence: No. 710 Orleans St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1 mo	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) .....
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) .....
(State or country)

INFORMANT Alethia Henry
(Address) 710 Orleans

BURIAL, CREMATION, OR REMOVAL

Place Sol Med College Date Dec 22, 1932

UNDERTAKER [illegible]
(Address)

FILED 1932 Huntington Wil[illegible]

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-7, 1932 to 12-20, 1932

I last saw her alive on 12-20, 1932. Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Meningitis	12-17-32
Other contributory causes of importance:	
Lobar Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. B. Higgins M. D.

(Address) Provident Hospital

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85700 E 85700

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 107-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Dimmick St. 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Pearl Fielding

(a) Residence: No. 1362 N. Fremont St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3 mo	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME ...

14. BIRTHPLACE (city or town) ... (State or country)

15. MAIDEN NAME ...

16. BIRTHPLACE (city or town) ... (State or country)

17. INFORMANT Rosie Fielding

(Address) 1362 N Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Medley Date Dec 22, 1932

19. UNDERTAKER ...

(Address) ...

19. FILED 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1932 to 12-21, 1932

I last saw her alive on 12-21, 1932 Death is said to have occurred on the date stated above, at 2:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial-Pneumonia	12-14-32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) I. B. Higgins M. D.

(Address) Providence Hospital

M. D. B. 1260-0

85701

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85701

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7-13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Wamboff

(a) Residence: No. 930 N. Bond St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Infant

a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 22/32

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Infant Wamboff

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Frances Zeka

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT John Wamboff

(Address) 930 N. Bond St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Hospital Date Dec 23, 1932

UNDERTAKER Frank Cookson

(Address) 1111 Eastern Ave

FILED ..... 19..... Registrar.

DEC 23 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932 to Dec 22, 1932

I last saw him alive on Dec 22, 1932. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Twin.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dr. R. F. Gamma M. D.

(Address) St. Joseph Hosp.

Spec. 6-9-19 H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

85702

CERTIFICATE OF DEATH.

82-001

82 E 85702

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1226 Spring St ST.; 10-13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Frederick Combs

(a) RESIDENCE. No. 1226 Spring ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria Combs

6b DATE OF BIRTH (month, day, and year): Feb 15 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Fredericksburg Va

10 NAME OF FATHER: Atkinson

11 BIRTHPLACE OF FATHER (city or town) (State or country): " "

12 MAIDEN NAME OF MOTHER: "

13 BIRTHPLACE OF MOTHER (city or town) (State or country): "

Informant (Address): Maria Combs 1226 Spring St

Filed 1932 Huntington Williams, M.D. Registrar B. C. H.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 21 1932

17 I HEREBY CERTIFY, That I attended deceased from April, 1931, to Dec 21, 1932, that I last saw h[illegible] alive on Dec 18, 1932, and that death occurred, on the date stated above, at 3 35 P m.

The CAUSE OF DEATH* was as follows: Cerebral hemorrhage

(duration) yrs. 8 mos. 16 ds.

CONTRIBUTORY (Secondary): Arterial sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Paralysis

(Signed) H H Peaton, M. D.

, 19 (Address) 2105 Edmondson Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
National Cemetery	12-23 1932
20 UNDERTAKER: George T. A. Gibson	ADDRESS: 1736 Druid Hill Ave

M. D. B. 1268-B

85703

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85703

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Josephs Hosp 8-17 13

Registered No. 131

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Fannie Wasserstrom

(a) Residence: No. 2319 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward Wasserstrom

6. DATE OF BIRTH (month, day, year): July 17, 1876

7. AGE: Years 56 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Frederick Md

13. NAME: Abraham H. Bell

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Kennedy

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Joseph H. Roberts

(Address) 2319 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: Dec 24, 1932

19. UNDERTAKER: Wm. Cook & Son

(Address) 1219 E. Fayette St

20. FILED: 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from: Dec. 17, 1932 to Dec. 21, 1932

That I saw her alive on Dec. 21, 1932. Death is said to have occurred on the date stated above, at 10:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	?
Hypertension & Myocarditis	
Cerebral Hemorrhage.	12/16/32

Other contributory causes of importance:

Terminal Pulmonary Congestion	12/19/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) K. F. Brown M. D.

(Address) St. Josephs Hosp.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85704

CERTIFICATE OF DEATH

131 E 85704

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 19-26 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Mulcahy

(a) Residence: No. 637 Cole St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Mary Mulcahy

7. DATE OF BIRTH (month, day, year) Aug. 15, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Md

10. Date deceased last worked at this occupation (month and year) 12-26 | 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) Md. Va
(State or country)

13. NAME John C. Mulcahy

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Ramona Fillie

16. BIRTHPLACE (city or town) Ireland
(State or country)

INFORMANT Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL.

Place Mt. Repose Date Dec 24th, 1932

UNDERTAKER Wm. Cook
(Address) 1932 Huntington Ave

FILED 1932, 19 Huntington Williams, Reg. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1932, to 12-21, 1932.

I last saw him alive on 12-21, 1932. Death is said to have occurred on the date stated above, at 4:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio-Vascular Disease	1 year
Other contributory causes of importance: Chronic Interstitial Nephritis	"

Name of operation Autopsy findings Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. P. Burns, M. D.

(Address) Mercy Hospital

. D. H. 1268-9

E 85705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 85705

94-001

1. PLACE OF DEATH

Registered No. 13-52

CITY OF BALTIMORE: (No.) 622 W. Hoffman St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert E. Michaels

(a) Residence: No. 622 W. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE Isabelle L. Michaels

DATE OF BIRTH (month, day, year) Jan 14 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ft. Howard Md.

13. NAME OF FATHER Robert E. Michaels

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Lucy C. Harden

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Isabelle L. Michaels

(Address) 622 W. Hoffman St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 23rd 1932

19. UNDERTAKER Putnam & Son

(Address) 2242 Eutaw Pl

20. FILED 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D. Coroner

(Address)

D. B. 1268-0

85706

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85706

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2508 Fait Ave. St. 1-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME HARRY H. WILL

(a) Residence: No. 2508 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Will

DATE OF BIRTH (month, day, year) April 10.1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lighthouse service

9. Date deceased last worked at this occupation (month and year) 1923

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Germany

12. NAME Not Known

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Not Known

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Mr. Harry H. Will Jr. (Son)

(Address) 2508 Fait Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Carmel Cemetery Date Sep. 23. 1932

18. UNDERTAKER Gary Sanger & Sons, Inc.

(Address) Baltimore, Md.

19. FILED 9-23-1932 Huntington Wolfgang, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1932 to Dec 20 1932

I last saw him alive on Dec 19 1932 Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile - Cardio - Vascular Dis	
Other contributory causes of importance:	
Bronchitis Chronic Acute	2 wks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis Bonner, M. D.

(Address) 125 S. Broadway

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85707

CERTIFICATE OF DEATH

E 85707

178-001

Registered No. 9-46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 East 21st St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Miller

(a) Residence: No. 721 East 21st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — —

DATE OF BIRTH (month, day, year) December 19, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	0	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME H. W. Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Ackerman

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss Katherine Miller (Sister)

(Address) 721 East 21st St.

BURIAL, CREMATION, OR REMOVAL

Druid Ridge Cemetery Date Dec. 24, 1932

Henry Sauer & Sons, Inc.
UNDERTAKER Henry F. Sauer
(Address) Baltimore St. & Broadway.

DEC 24 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9 2. M.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poisoning — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? 721 E. 21st St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury loose hose connection

Nature of injury with heater in bed room

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. H. Ellis, M. D.
Coroner

(Address) 508 E. Fort Ave.

M. D. R. 1268-0

85708 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85708

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1004 Brantley St. 16-26 Ward.)

Registered No. 120

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Williams

(a) Residence: No. 1004 Brantley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Franklin

6. DATE OF BIRTH (month, day, year) Nov. 19, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME ~~Henry~~ Williams

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rachel Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Julia Williams

(Address) 1004 Brantly ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date Nov 23, 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1302 Presstman st.

20. FILED Nov 23 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933 to Dec 20, 1933

I last saw h alive on Dec 20, 1933 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Dec 19
Other contributory causes of importance:	
Cardio-Nephritis	1 mo 2 wk

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. N. Hatchett M. D.

(Address) [illegible]

M. D. B. 1268-2

85709

267437

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85709

CERTIFICATE OF DEATH

89-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Life St. 14-20 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joan Dorsey.

(a) Residence: No. 1423 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black.

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/6/32

7. AGE — Years: 10 | Months: 9. | Days: 15 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Irwin Dorsey.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lucy Antis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemtery Date Dec. 23, 1932

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Preastman St

20. FILED 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov-30, 1932, to Dec-21, 1932

I last saw her alive on Dec-21, 1932 Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status malaria	9/1/32
Cardiac failure	12/12/32

Other contributory causes of importance:

Pyelonephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno E. Kuttner, M. D.

(Address) Johns Hopkins Hosp.

-30—M. & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

85710

CERTIFICATE OF DEATH

E 85710

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 Cambria St. ST. 25-27 WARD)

2-FULL NAME Robert C. Bauer.

(a) RESIDENCE NO. 533 Cambria St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 11 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

DATE OF BIRTH (month, day, and year) January 19, 1932

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	11	3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Carl B.J. Bauer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Irene Kolbe.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

Informant Irene Bauer. (mother)

(Address) 533 Cambria St.

Filed 2 1932, 192 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchio-pneumonia.
unknown.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto A. Leinhardt, M. D. Coroner

12/22/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

DATE OF BURIAL 12/24 1932

20 UNDERTAKER Wm Cook

ADDRESS 1217 E Fayette

M. D. B. 1268-9

Dr. Richardson 112 N. 15th St Hunt 1360 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

85711

CERTIFICATE OF DEATH

E 85711

13

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 519 W. 28th St. 12-5 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James T. Timmons

(a) Residence: No. 519 W. 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If ~~married, widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Sarah E. Timmons

DATE OF BIRTH (month, day, year) 2. 2. 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2.	2.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garden Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Annie E. Whitmore

(Address) 519 W. 28th St

BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Dec 23rd 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Hotel, Inc

FILED 1932 Registrar.

2 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1932 to Dec 21 1932

I last saw him alive on Dec 21 1932 Death is said to have occurred on the date stated above, at 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Arteriosclerosis Chronic	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1120 N. 20 St

M. D. B. 1268-9

Dr Fenby 3522 Greenmount Ave Nov 2/32

85712

HEALTH DEPARTMENT—CITY OF BALTIMORE

85712

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 506 Willow Ave St. 27-4-8 Ward) 6

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H. Walker Sr

(a) Residence: No. 506 Willow Ave St. Ward. Govans

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~late wife of~~ Mildred L Walker

DATE OF BIRTH (month, day, year) Sept 16th 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lagrange Ga.

13. NAME David A. Walker

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Mary Hill

16. BIRTHPLACE (city or town) (State or country) Georgia

INFORMANT Mildred L. Walker

(Address) 506 Willow Ave

BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Dec 24th 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams, Reg.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1932 to Dec 22 1932

I last saw h~~im~~ alive on Dec 22 1932 Death is said to have occurred on the date stated above, at 6~~PM~~ 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	?
Diabetes Mellitus	?
Other contributory causes of importance:	
Cerebral Thrombosis	12/11/32
Broncho-pneumonia	12/19/32

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no — If so, specify

(Signed) John L Fenby M. D.

(Address) 3522 Greenmount Ave

M. D. B. 1268-9

85713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85713

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 412 W. Saratoga St ~~Ward~~)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Kratz

(a) Residence: No. 412 W. Saratoga St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If ~~married~~, widowed, or ~~divorced~~
HUSBAND of ~~(wife of)~~ Julia E. Kratz

DATE OF BIRTH (month, day, year) Mar 31st 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	14	

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Architect

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Michael Schloss

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Conrad Kratz

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Doris H. Klemm

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Frederick Pocock

(Address) R.F.D. Millersville Md

BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date Dec 23rd 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Huntington Williams Registrar

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16th 1932 to Dec 20th 32

I last saw h. alive on Dec 18th 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Diffuse Nephritis	
Cerebral Sclerosis	
Chronic Endocarditis	

Other contributory causes of importance:

Cerebral Hemorrhage	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Alexander M. D.

(Address) Glen Burnie

aCo. 5-41 250M

HEALTH DEPARTMENT—CITY OF BALTIMORE

85714 E 85714

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 3723 Elm Ave. St., 13 Ward) 13-52

ngth of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lee C. Hedrick

(a) Residence: No. 3723 Elm Ave. St., 13 Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Ethel B. Hedrick

DATE OF BIRTH (month, day, year) Sept. 30-1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Loose-Wiles Co.
10. Date deceased last worked at this occupation (month, day, year) Dec. 8-1932.
11. Total time (years) spent in this occupation 6 yrs.

BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME Noah Hedrick

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Caroline Christy

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs. Ethel B. Hedrick
(Address) 3723 Elm Ave.

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec. 23- 1932

UNDERTAKER Horace F. Burgee
(Address) 36 Beale Street Huntington Station, W. Va.

DEC 23 1932 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21- 1932.

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1932, to Dec 21, 1932

I last saw h[e] alive on Dec 21, 1932, death is said to have occurred on the date stated above, at 2.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Hemorrhage	12-4-32

Other contributory causes of importance: Chronic nephritis and myocarditis

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..., M. D.

(Address) 546 W 36 St. New York

H. D. H. 1268-9

85715 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85715

CERTIFICATE OF DEATH X 108 V

1. PLACE OF DEATH University Hosp 5 S Greene (Ward)

CITY OF BALTIMORE: (No. Lombard & Eutaw) (Street)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 3 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Remp: Morris

(a) Residence: No. Elkridge Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1890.

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (do)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ga

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Leakin Park Cem. Dec. 24 1932

UNDERTAKER Easton Sons

(Address) Ellicott City

DATE 23 1932, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12 19 32, 19 ..., to 12 22, 1932

I last saw h. alive on 12 22, 1932 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-19-32
Other contributory causes of importance:	
Coma	12-19-32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Clarence J. ..., M. D.

(Address) University Hosp

AaCo. 5-31 2508

85716 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 85716

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Length of residence in city or town where death occurred 61 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Anna Mc Henry

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 17 July 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry Mc Henry

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Margaret Faafe

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT (Address) Sister Stanislaus, Superior Little Sisters of the Poor

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 22 1932

UNDERTAKER (Address) Peter Wandelofer

FILED 1932 Hunter Jr Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1932, to Dec 21, 1932

I last saw her alive on Dec 21, 1932 death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility Arteriosclerosis Chr Endocarditis	8 yrs ago

Other contributory causes of importance:

Asthma

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. McCarter, M. D.

(Address) 111 Washington

H. D. B. 1268-9

85717 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85717

CERTIFICATE OF DEATH

V 79-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1144 Argyle Av St. 17-24 Ward)

Length of residence in city or town where death occurred 87 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Paul Johns

(a) Residence: No. 1144 argyle Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
male	col	

If married, widowed, or divorced WIFE of (or) HUSBAND of Fran Johns Fran Johns

DATE OF BIRTH (month, day, year) 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 170

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) a. a. Co. Md

13. NAME Paul Johns

14. BIRTHPLACE (city or town) (State or country) a a. Co Md

15. MAIDEN NAME Rosa Parker

16. BIRTHPLACE (city or town) (State or country) a. a. Co Md

INFORMANT Rosa Jolley
(Address) 1216 Eutaw St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12-23-, 1932

UNDERTAKER Mrs Jos. S. Locke
(Address) 130 Pleasant st

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1932 to Dec 20, 1932

I last saw h alive on Dec. 20, 1932 Death is said to have occurred on the date stated above, at 3:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-spinal Meningitis	?

Other contributory causes of importance: ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edes Jolley, M. D.

(Address) 1230 S. Ann Av

D. B. 1268-9

85718 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85718

CERTIFICATE OF DEATH

Registered No. 59v

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #1927 Wilkens Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret D Murphy.

(a) Residence: No. #1927 Wilkens Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Cornelius J Murphy

DATE OF BIRTH (month, day, year) Jan 18th 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62.	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Thomas. Welsh.

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Nora Loftus

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr. Cornelius J Murphy
(Address) 1927 Wilkens Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/24/ 1932

19. UNDERTAKER John Cowan & Son.
(Address) 901 Holliday St.

20. FILED Dec 24 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st 1932.

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1931 to Dec 21 1932

I last saw her alive on Dec 21 1932 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Asthenia Asthenia - Dehydration
Endocarditis Hypertension
Hemiplegia Apoplexy
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Pulmonary Oedema

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Norbert C Nitsche, M. D.

Dec 24-32 (Address) 218 Wilkens Ave

. D. H. 1268-9

85719 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85719

CERTIFICATE OF DEATH

178-004

Registered No. 12-50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 2702 St. Paul St. Ward)

ength of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward S. Hampson

(a) Residence: No. 2702 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Hampson

DATE OF BIRTH (month, day, year) September 5, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0+2

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Joseph Hampson

14. BIRTHPLACE (city or town) Annapolis
(State or country) Maryland

15. MAIDEN NAME Margaret A. L. Erbig

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

NFORMANT Mr. Edwin C. Irelan

(Address) 321 St. Dunstans Road

URIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 12/26/32, 19

NDERTAKER

(Address) 1007 N. Baltimore St.

3, 1932 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Gas Poison from (Auto) Accidental	
Other contributory causes of importance:	
	Dec 21

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Monroe Jr. M. D.
Coroner

(Address) 3653 Roland Ave.

AACo. 5-11 2500

E 8572 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 85720

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sydenham Hospital St. 26-40 Ward 5

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dolores McLean

(a) Residence: No. 3402 Dudley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 12 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	6	169	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George McLean Jr.

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Anna Lewandowski

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs Anna McLean
(Address) 3402 Dudley St

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 12/23/32 19

UNDERTAKER [illegible]
(Address) [illegible]

FILED 12 23 1932 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932, to Dec 21, 1932

I last saw her alive on Dec 21, 1932 death is said to have occurred on the date stated above, at 10:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	12/18/32
Other contributory causes of importance:	
Toxemia	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myron G. Feil M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9

85721 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85721

CERTIFICATE OF DEATH

11-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 9-H Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Lillian Miller (Elizabeth Miller)

(a) Residence: No. 2700 Harford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 8, 1881

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
51	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Miller

14. BIRTHPLACE (city or town) (State or country) Europe (?)

15. MAIDEN NAME Margaret Fink

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mr. Henry Miller (Brother)
(Address) 1743 N. Milton Ave.

BURIAL, CREMATION, OR REMOVAL
Place Lakewood Date 12/24/32

UNDERTAKER George J. Pusateri
(Address) 1235 Harford Ave

FILED DEC 23 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1932 to Dec. 22, 1932

I last saw h[illegible] alive on Dec. 22, 1932 Death is said to have occurred on the date stated above, at 6:43 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post. Influenzal Pneumonia	12-16-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Herbert Eichert, M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

85722 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85722

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St. 12-4-1 Ward)

Length of residence in city or town, where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Paul Krauss

(a) Residence: No. 306 E. 33 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Krauss

6. DATE OF BIRTH (month, day, year) Sept 2-1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manuf. of Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Penn-Md

13. NAME OF FATHER John Krauss

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry C. Krauss (Address) 306 E 33 St

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Dec 26 1932

19. UNDERTAKER W. J. Tschupp & Sons (Address) North & Pa Ave

20. FILED Dec 23 1932 19 H. L. Wilhelm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 , 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... , 19 .....

I last saw h..... alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Liver	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... , M. D.
Coroner

(Address) .....

M. D. B. 1268-9

85723 HEALTH DEPARTMENT—CITY OF BALTIMORE 85723

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catharine Taylor

(a) Residence: No. 1804 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 1-18-32

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Md
(State or country)

13. NAME Ellsworth Taylor

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Marie Thoms

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 12-23-32

UNDERTAKER Dent & Ford

(Address) 916 Park Ave

FILED DEC 23 1932 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932 to Dec 21, 1932

I last saw her alive on Dec 21, 1932 Death is said to have occurred on the date stated above, at 8 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Edward Richards	
Coronary Occlusion	Dec 18

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John A Washington Jr M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85724

CERTIFICATE OF DEATH

47 E 85724

1. PLACE OF DEATH University Hospital

Registered No.

CITY OF BALTIMORE: (No. 13-57 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Kirby

(a) Residence: No. 3622 Maldonado St., Ward Baldwin Apt

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 12 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Talbott Co Md

13. NAME Ellsworth Kirby

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma Cocka

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. Jennie V. Kirby

(Address) 3622 Maldonado

BURIAL, CREMATION, OR REMOVAL

Place Arcadia Md. Date Dec 24, 1932

UNDERTAKER Ellwanger Barry

(Address) 1532 Eutaw St.

DEC 23 1932 Huntington Williams. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932 to Dec. 22, 1932

I last saw him alive on Dec 22 1932 Death is said to have occurred on the date stated above, at 2.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Primary Bronchogenic	1932

Other contributory causes of importance:

Lung abscess	Dec
metastatic abscess of	1932
brain - Septicemia	

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William E Brown, M. D.

M. E.

(Address) University Hospital

D. B. 1268-9

35725

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 35725

CERTIFICATE OF DEATH

108 V

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 940 Gruncount St. Apt 10-15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Klob

(a) Residence: No. 940 Grunmount St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of John Klob

6. DATE OF BIRTH (month, day, year) Don't know

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Reid

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Klob

(Address) 940 Grunmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Loud E. Chestnut Ridge Dec 26, 1932

19. UNDERTAKER Rita Winderfeld

(Address) 914 Harlem Ave

Huntington, Baltimore, Md.

19 Registrar.

DEC 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932 to Dec 22, 1932

I last saw h alive on Dec 22, 1932. Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	
Lack of Nursing	

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Lange M. D.

(Address) 2105 Eutaw St

AACo. 5-H 2508

85726 HEALTH DEPARTMENT—CITY OF BALTIMORE 85726

CERTIFICATE OF DEATH

106-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 943 W. Franklin St. 18-26 Ward)

Length of residence in city or town where death occurred 85 yrs. 11 mos. 26 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johanna H. Kahler

(a) Residence: No. 943 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Kahler

DATE OF BIRTH (month, day, year) Dec. 26-1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Horpel

14. BIRTHPLACE (city or town) (State or country) Dont Know

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

INFORMANT Henry Kahler
(Address) 943 W. Franklin St

BURIAL, CREMATION, OR REMOVAL
Place Balto. Date 12/24/32

UNDERTAKER Henry Weber & Son
(Address) 2503 Edmondson Ave

FILED 23 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/32

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17th, 1932, to Dec. 22, 1932

I last saw h[e] alive on Dec 22, 1932 death is said to have occurred on the date stated above, at 5.35 P. m.

The principal cause of death and related causes of importance were as follows:

Bronchitis — Date of onset 12/17/32

Other contributory causes of importance: Fatty infiltration of liver — 2 yrs.

Name of operation none Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Parker, M. D.
(Address) 645 W. North Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85727

CERTIFICATE OF DEATH

93-013

1. PLACE OF DEATH Provident Hospital

Registered No. 1725

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St., Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Preston Evans

(a) Residence: No. 615 Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1850

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 10

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Jones Delivery
(Address) 1589 Madison Ave

BURIAL, CREMATION, OR REMOVAL

Place Laurel Hill Date Dec 21, 1932

UNDERTAKER John J. Fahey Son
(Address) 1318 Eastern Ave

Huntington Ave

DEC 23 1932

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) 12/21, 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-23, 1932, to 12-21, 1932.

I last saw him alive on 12-21-32, 1932. Death is said to have occurred on the date stated above, at 7:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	12-21-32

Other contributory causes of importance:

arterio-sclerosis, Cardiac
Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) V. C. Higgins, M. D.

(Address) Provident Hospital

5728

E 85728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59v

1. PLACE OF DEATH Maryland General Hosp. 27-46 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Ling

(a) Residence: No. 6206 Sherwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Seidenstricker

6b. DATE OF BIRTH (month, day, year) 9/8/"59

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Minister M.E.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Wm T. Ling

14. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md.

15. MAIDEN NAME Julia Hopp

16. BIRTHPLACE (city or town)
(State or country) Baltimore, Md.

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/24, 1932

19. UNDERTAKER Harley U. Myers and Son
(Address) 805 N. Gilmor St.

20. FILED DEC 23 1932 Martin Wilmer M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 32, 1932, to 12, 22, 1932

I last saw him alive on 12, 22, 1932 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Pneumonia, Uremia,	
Cystitis.	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) D. C. Fraser M. D.

(Address) Univ. of Md. Hospital

M. D. B. 1268-9

Julia Thornton

85729 HEALTH DEPARTMENT—CITY OF BALTIMORE 85729

CERTIFICATE OF DEATH

11-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Asquith St. 9-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Thornton

(a) Residence: No. 1924 Asquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Thornton

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carline Co Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Fannie Johnson

(Address) 1924 Asquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/23/32

19. UNDERTAKER M. & R. Elliott

(Address) 112 W. Lanvale St.

Huntington Williams N.F.
Registrar

DEC 23 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1932, to Dec 20, 1932. I last saw her alive on Dec 20, 1932. Death is said to have occurred on the date stated above, at 11½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia following Influenza	

Other contributory causes of importance:

Influenza	

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. E. Hall M.D.

(Address) 11 E. 26 & 3 St. Balto. Md.

I. D. B. 1268-9

85730 HEALTH DEPARTMENT—CITY OF BALTIMORE 85730

CERTIFICATE OF DEATH

23 V

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Division St. 14-30 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hazel Lottie

(a) Residence: No. 1414 Pennsylvania St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Georgia
(State or country)

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

INFORMANT Charles Teal

(Address) 1414 Pennsylvania Ave

BURIAL, CREMATION, OR REMOVAL

Place Interred Dec 22, 1932

UNDERTAKER .....

(Address) .....

DEC 31 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-17, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-28, 1932 to 12-17, 1932

I last saw h[illegible] alive on 12-17, 1932 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. B. Higgins M. D.

(Address) Provident Hospital

M. D. B. 1268-9

35731 **HEALTH DEPARTMENT—CITY OF BALTIMORE** D35731

CERTIFICATE OF DEATH

X 93-003

1. PLACE OF DEATH Balto. City Hospital

CITY OF BALTIMORE: (No. Balto. Md. S. 96-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life 3 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isaac Kerr

(a) Residence: No. Bull Neck Rd. Rivers St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

7. DATE OF BIRTH (month, day, year) May 17, 1859

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	73	7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C&O

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William H. Kerr

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Sarah Anne Jury

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Balto. City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date 12-26-32

19. UNDERTAKER Philip Herring & Co

(Address) 2116 Eutaw Pl

Huntington Williams Registrar

FILED DEC 23 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-24-1932 to 12-22-1932

I last saw h[illegible] alive on 12-22-1932 Death is said to have occurred on the date stated above, at 7:09 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis, chronic	1917
auricular fibrillation	?

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12-23-32 (Signed) Elmer Leighbody M. D.

(Address) Balto. City Hospitals

D. H. 1268-9

85732 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 85732

CERTIFICATE OF DEATH

178-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. #402 N. Pat. Pk. Ave. St. 6-10 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles F. Rock

(a) Residence: No. #402 N. Pat. Pk. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Fredericka Rock

6. DATE OF BIRTH (month, day, year) Dec. 22nd. 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	11	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. C. Rock

(Address) #402 N. Pat. Pk. Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec. 24th, 32

19. UNDERTAKER Philip Young

(Address) 2016 Eutaw Pl.

20. FILED 31 1932 Wm. Livingston Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21st 32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... about 8 A.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	
Other contributory causes of importance: Senile mental debility	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Probably Accident

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? in bath room of home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury He had probably attempted

Nature of injury to light gas heater.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

85733 2nd. E 85733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2033 E. 32nd St., 9-4b Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Erlbeck

(a) Residence: No. 2033 E. 32nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced — HUSBAND of (or) WIFE of:
7. DATE OF BIRTH (month, day, year): Oct 1 - 73

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst. of Book
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Binding
10. Date deceased last worked at this occupation (month and year): 9-33
11. Total time (years) spent in this occupation: 064
12. BIRTHPLACE (city or town) (State or country): Balto
13. NAME: John M. Germany
14. BIRTHPLACE (city or town) (State or country): Germany
15. MAIDEN NAME: Elizabeth Paul
16. BIRTHPLACE (city or town) (State or country): Germany
INFORMANT: Elizabeth Erlbeck
(Address) 2033 E. 32nd St.
BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Date: 12/24/32
UNDERTAKER: Philip Hennig
(Address) 3016 Orleans St.
FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 21/32

22. I HEREBY CERTIFY, That I attended deceased from June 15, 32 to Dec. 21, 32
I last saw h[er] alive on Dec 21, 32
to have occurred on the date stated above, at 7 30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis	July 17 32

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Tumor Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Samuel Wolfe M. D.
(Address) 1231 Linwood Ave

D. B. 1268-9

85734 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85734

CERTIFICATE OF DEATH

34V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp St. 22-31 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 3 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby girl Fennel

(a) Residence: No. 104 W Hughes St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 13, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Fennel

14. BIRTHPLACE (city or town) (State or country) Wilmington N.S.

15. MAIDEN NAME Rosebelle Williams

16. BIRTHPLACE (city or town) (State or country) Norfolk Va

17. INFORMANT Mother

(Address) 104 W Hughes St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 22, 1932

19. UNDERTAKER [illegible]

(Address) [illegible]

Dec 31 1932, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1932, to Dec. 16, 1932

I last saw her alive on Dec. 16, 1932. Death is said to have occurred on the date stated above, at 9 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Premature birth	12/13/32
Other **contributory causes** of importance:	
Syphilis	6/30/32

Name of operation None Date of —

What test confirmed diagnosis? Kahn Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ....Date of Injury ....., 19....

Where did injury occur? ....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-1

85735

E 85735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

1. PLACE OF DEATH

Registered No. 25-32

CITY OF BALTIMORE: (No. 2608 Ridgely St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Baby Girl Cole

(a) Residence: No. 2608 Ridgely St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Infant

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

7. DATE OF BIRTH (month, day, year) Dec. 21, 1932

8. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
		1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Eugene Cole

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ida Brooks

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mother
(Address) 2608 Ridgely St.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Dec 22 1932

19. UNDERTAKER
(Address)

20. FILED 31 1932 ...Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1932 to Dec. 22, 1932

I last saw her alive on Dec. 21, 1932 Death is said to have occurred on the date stated above, at 11:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Prematurity~~	
Congenital Atelectasis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Alexander Lordy M. D.

(Address) 1516 Madison Ave.

M. D. B. 1268-9

85736

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85736

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1734 Druid Hill Ave Ward 70)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Nutter

(a) Residence: No. 1734 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 22, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 51 min.
0			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Ralph Nutter

14. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md

15. MAIDEN NAME Louise Parker

16. BIRTHPLACE (city or town) Rutland
(State or country) Md.

INFORMANT Mother
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 23, 1932

UNDERTAKER
(Address)

FILED Dec 30 1932 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1932 to Dec. 22, 1932

I last saw him alive on Dec. 22, 1932 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed dingnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, nnd State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) M. Alexander Lowy M. D.

(Address) 1516 Madison Ave

85787

E 85737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals, Registered No. ...
CITY OF BALTIMORE: (No. Balto md St., 5-8 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Presley Rash
(a) Residence: No. 109 Virginia St. St., ... Ward. Wilmington Del
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 12, 1885

7. AGE — Years 47 | Months 6 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Wilmington Del

13. NAME Presley Rash

14. BIRTHPLACE (city or town) (State or country) Newark Del

15. MAIDEN NAME Sallie Hall

16. BIRTHPLACE (city or town) (State or country) Wilmington Del

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Wilmington Cem, Del Date Dec 22, 1932

19. UNDERTAKER [illegible]
(Address) Local Undertaker

19a. FILED Dec 23 1932, 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1932 to 12-22, 1932
I last saw him alive on 12-22, 1932. Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	12-16-32

Other contributory causes of importance:

None

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

12-23-32 (Signed) Ellen M. Fahey M.D.
(Address) Balto City Hospitals

M. D. B. 1268-9

E 85738

85738 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 634 Josephine St. 4-25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Waddell

(a) Residence: No. 634 Josephine St., ... Ward. Balto.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) 12/19/32

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	2½	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Robert Norman

14. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

15. MAIDEN NAME Etudie Waddell

16. BIRTHPLACE (city or town) (State or country) Greensboro N. C.

INFORMANT Mother

(Address) 634 Josephine St.

BURIAL, CREMATION, OR REMOVAL

Place Leo Med College Date Dec. 23 19 32

UNDERTAKER .....

(Address) .....

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/19/32 19..... to 12/21/32 19.....

I last saw her alive on 12/21/32 19..... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12/20/32
Other contributory causes of importance:	
Prematurity	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Arond W. Dayton, M. D.

(Address) University Hospital.

M. D. B. 1268-9

85739

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85739

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Penna. Ave St.) (13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Coy

(a) Residence: No. 2727 Penna. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elisha A Coy

6. DATE OF BIRTH (month, day, year) April 6 — 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Elaine Bozsom

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary E Corns

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Alice M. Snyder

(Address) 2727 Penna. Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Md Date Dec 26 1932

UNDERTAKER Joseph Syler

(Address) 16 N. Howard St.

FILED 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from August 3rd 1932 to Dec. 23rd 1932

I last saw her alive on Dec. 22nd 1932. Death is said to have occurred on the date stated above, at 6:30A m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset For past several years

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury 19

Where did injury occur? ?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury ?

Nature of Injury ?

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elbert C. Reiter

(Address) 2245 Reisterstown Road Balto

M. D. B. 1268-9

E 85740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

32 E 85740

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 27-53 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Margaret Anne Jackson

(a) Residence: No. 105 Elmhurst Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 10, 1917

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
15	10	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at school

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Mrs. Everett Jackson,

14. BIRTHPLACE (city or town) (State or country) Salisbury, Md.

15. MAIDEN NAME Fay Leonard Quinton

16. BIRTHPLACE (city or town) (State or country) Salisbury Md

INFORMANT James H. Thomas

(Address) 105 Elmhurst Road

BURIAL, CREMATION, OR REMOVAL

Place Salisbury, Md Date Dec 28 1932

UNDERTAKER John O. Littleton Dow

(Address) 1621 Eutaw Place

FILED 1932 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1932 to Dec 23, 1932

I last saw h.. alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 1:36 A.m.

The principal cause of death and related causes of importance were as follows:

Leukemia, lymphoid, subacute. — Date of onset 12-1-31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Sydney R. Miller M. D.

(Address) 1115 N. Eutaw St.

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85741

CERTIFICATE OF DEATH

E 85741

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 S. Charles St. 23-3 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John A. Herrington

(a) Residence: No. 1329 S. Charles St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Herrington

DATE OF BIRTH (month, day, year) Aug 5 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rice Co. Minn

13. NAME Elias R. Herrington

14. BIRTHPLACE (city or town) (State or country) Dovers Del.

15. MAIDEN NAME Mary McClermott

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs. Emma Herrington

(Address) 1329 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Wyoming Del Date Dec 24 1932

19. UNDERTAKER Margaret L. Flynn

(Address) 1322 Light St

Dec 24 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1932 to 12-21 1932

I last saw h[illegible] alive on ... " " 19 ... Death is said to have occurred on the date stated above, at 2:0 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Arteriosclerosis & Hypertension & Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John A. Ehrenfeld M. D.

(Address) 1337 S. Charles St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85742 E 85742

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 93-004
CITY OF BALTIMORE: (No. Baltimore Md St. 26-37 Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gloster Ruth
(a) Residence: No. 3610 Mt. Pleasant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Cult

6. DATE OF BIRTH (month, day, year) 1890 Unk

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	1	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Out of work 1931
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 7/1

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Ruth
14. BIRTHPLACE (city or town) (State or country) Balto. Md
15. MAIDEN NAME Christina Miller
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Record Balto. City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 24 1932
19. UNDERTAKER Sindall Funeral Home
(Address) 3201 W. Baltimore St.
Huntington Williams Mgr.
DEC 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-32

22. I HEREBY CERTIFY, That I attended deceased from 7-28-32 to 12-21-32
I last saw him alive on 12-21-32 Death is said to have occurred on the date stated above, at 5:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease Rheumatic chronic myocardial insufficiency	1904 1930

Other contributory causes of importance:
None

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
12-22-32 (Signed) Elmer H. Tibbs M. D.
(Address) Balto. City Hospitals

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85743

E 85743

CERTIFICATE OF DEATH.

160-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1501 Patapsco. St. 23-34 Ward

2-FULL NAME Baby Boy Owens.

(a) RESIDENCE NO. 1501 Patapsco. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): Dec 18, 1932

7 AGE — Years: 0 — Months: 0 — Days: Four. — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none.

(c) Name of employer: none.

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: John Augusta Owens

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md

12 MAIDEN NAME OF MOTHER: Leonora Reidel.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

Informant: Mr. John A. Owens

(Address): 1003 W. Baltimore St.

B 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1932, to Dec. 23, 1932, that I last saw h/m alive on Dec. 23, 1932 and that death occurred, on the date stated above, at 7.00 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage.

(a 82) ~~b. ...~~

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Injury at Birth (160 6.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?: —

Did an operation precede death? — Date of —

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) James Graham Morton M. D.

12/23 1932 (Address) 516 Cathedral Med

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cedar Hill Cemetery

DATE OF BURIAL: Dec. 24 1932

20 UNDERTAKER: Joseph H. Cook

ADDRESS: 1003 W. Baltimore St.

ec.—1-12-23—M&T—500 Blks.

E 85744

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85744

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 McCulloh ST. 11-24 WARD)

2-FULL NAME Mishack Johnson

(a) RESIDENCE NO. 1314 McCulloh ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. 13 mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nov-31-1931

DATE OF BIRTH (month, day, and year) 13 mos.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
		13	20	

Thirteen mos.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Amherst Co Va

12 MAIDEN NAME OF MOTHER Eva Shee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Amherst Co Va

Informant John Johnson
(Address) #1314 McCulloh St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21-1932

17 I HEREBY CERTIFY, That I attended deceased from 12-16-1932, to 12-21-1932, that I last saw him alive on 12-21-1932, and that death occurred, on the date stated above, at 9.30 p m.

The CAUSE OF DEATH* was as follows:

Tetanus Traumatica

(duration) ... yrs. ... mos 6 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. S. Jackson M. D.

12/23 1932 (Address) 600 N Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount

DATE OF BURIAL 12-24 1932

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 Edwards St

3 1932

M. D. B. 1268-0

85745

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85745

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Mc Elderry St., 1-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

2. FULL NAME Catherine E. Schramm

(a) Residence: No. 2623 Mc Elderry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Peter Schramm

7. DATE OF BIRTH (month, day, year) Sept 14th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~0~~

10. Date deceased last worked at this occupation (month and year) ~~X~~

11. Total time (years) spent in this occupation ~~X~~

12. BIRTHPLACE (city or town) ..... (State or country) Germany

13. NAME Frederick Weingardt

14. BIRTHPLACE (city or town) ..... (State or country) Germany

15. MAIDEN NAME Margaret Ruder

16. BIRTHPLACE (city or town) ..... (State or country) Germany

17. INFORMANT Wm F. Weingardt

(Address) 2206 E. Edgar St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Dec 27th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ~~Washington~~ ..... 19..... Registrar.

2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 25th, 1932, to December 23, 1932

I last saw h.. alive on Dec 22, 1932 Death is said to have occurred on the date stated above, at 10:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Mitral - Aortic insufficiency	Oct 25 '32
Other contributory causes of importance:	
B Broncho Pneumonia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? ~~X~~

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Caleb R Whey ..... M. D.

(Address) 100 E. Fallsway Park Ave

30—M. & T.—100 B—60L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85746

85746

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3604 E. Fayette ST. 26-39 WARD

2-FULL NAME William C. Burness

(a) RESIDENCE NO 3604 E. Fayette ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Agnes M. Burness

DATE OF BIRTH (month, day, and year) Feb 18th 1857

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	10	5	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unemployed
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Charles Burness

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Eva Baumschmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Agnes M. Burness

(Address) 3604 E. Fayette St

~~Huntington Pridgen~~ Registrar

31 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Senility

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. F. Kemp, M. D. Coroner

12/23, 1932 (Address) 1305 E Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cemetery

DATE OF BURIAL Dec 27th 1932

ADDRESS .....

20 UNDERTAKER Wm Cook

1217 St Paul St

M. D. B. 1268-9

85747

HEALTH DEPARTMENT—CITY OF BALTIMORE

85747

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital Registered No.

CITY OF BALTIMORE: (No. 2926 W. Calhoun St.) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daisy Troyer

(a) Residence: No. White Hall, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Troyer

DATE OF BIRTH (month, day, year) Sept 17, 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co
(State or country) Md

13. NAME John B. Engle

14. BIRTHPLACE (city or town) Harford Co
(State or country) Md

15. MAIDEN NAME Blanche M. Leach

16. BIRTHPLACE (city or town) Harford Co
(State or country) Md

INFORMANT Mr. Harry Troyer
(Address) White Hall Md

BURIAL, CREMATION, OR REMOVAL.
Place Jacksonville Apst Date Dec 26, 1932

UNDERTAKER P. Mark Linton
(Address) White Hall Md

Huntington Williams, M.D.
Registrar

DEC 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 12, 1932 to Dec. 23, 1932

I last saw her alive on Dec. 23, 1932 Death is said to have occurred on the date stated above, at 5:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis with Brain metastases	?

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry E. Schaefer M. D.

(Address) Franklin Square Hospital

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85748

CERTIFICATE OF DEATH

82 E 85748

Registered No. 82

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) En route to Univ Hosp St. (or Ward) 12-24

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Buchholz

(a) Residence: No. 1740 W. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 1, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 67

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry Buchholz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Hahn

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Anna Buchholz 117 Augusta Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Dec 24 1932

UNDERTAKER (Address) Mrs Jas John W. Tevis & Son 841 W Baltimore St.

DATE 12-24-1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24-32

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85749 E 85749

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7 N Ann St 6-4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Pruchniewska

(a) Residence: No. 7 N. Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Pruchniewski

DATE OF BIRTH (month, day, year) Jan 1 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Anna Konieczny

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Frances Peterson

(Address) 509 S Rappolla St

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Dec 26 1932

UNDERTAKER Martin H. E. Dysert Jr

(Address) 27 S Gay St

FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1932

22. I HEREBY CERTIFY, That I attended deceased from December 1932 to December 22 1932

I last saw her alive on December 22 1932 Death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Myocardial Insufficiency	

Other contributory causes of importance:

Flu

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Andrew Townsend M. D.

(Address) 2579 Eastern Ave.

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85750

CERTIFICATE OF DEATH.

E 85750

REGISTERED NO. 159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6579 St Helena ave (St.) 16-36 (Ward)

2-FULL NAME Infant Furbee

(a) RESIDENCE. (No.) 6579 St Helena ave (St.) WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	W.	Single

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) Dec 23, 1932

AGE	Years	Months	Days	If LESS than 1 day, 1 hrs. or 30 min.
	—	—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER Kenneth E. Furbee

11 BIRTHPLACE OF FATHER (city or town) Glendale W. Va
(State or country)

12 MAIDEN NAME OF MOTHER Blanche Totten

13 BIRTHPLACE OF MOTHER (city or town) Marion Va
(State or country)

Informant Kenneth E. Furbee
(Address) 6579 St Helena ave Dundalk

Filed [illegible] 19[illegible] [illegible] Registrar

4 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932, to Dec 23, 1932.

that I last saw him alive on Dec 23, 1932.

and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:

Congenital Atelectasis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Premature birth (7 months)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Arr. Reese, M. D.

19[illegible] (Address) Dundalk, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
U. of Md. Med. College	Dec 23 19[illegible]
20 UNDERTAKER	ADDRESS
[illegible]	

Commissioner of Health.

For the U. S. Postal

M. D. R. 1268-9

E 85751 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85751

CERTIFICATE OF DEATH

89-001 Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Marth

(a) Residence: No. 12 Linden Ave St., ... Ward. Orelia Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word):

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 30-1932

8. AGE: Years | Months 2 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... gd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Marth

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Malinda Lancon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Mc College Date Dec 23, 1932

19. UNDERTAKER .....

(Address) .....

20. FILED Dec 23 1932 Washington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932 to Dec 19, 1932

I last saw her alive on Dec 19, 1932 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	12-14-32
Pneumococcus Septicemia	12-19-32

Other contributory causes of importance:

Upper respiratory infection	12-12-32
Bilateral otitis media	12-18-32

Name of operation ..... Date of .....

What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward F. Mikan M. D.

(Address) Johns Hopkins Hosp.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85752

E 85752

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (T.B.)

CITY OF BALTIMORE: (No. ..... St. 14-20 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary F. Gray

(a) Residence: No. 1815 Madison ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Matthew Gray

DATE OF BIRTH (month, day, year) 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Jerminah Dorsey

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Charlotte Johnson

16. BIRTHPLACE (city or town) (State or country) Sykesville Maryland

INFORMANT Hospital Records

(Address) B.C.H.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/24 1932

UNDERTAKER Bernard C. Heuisler

(Address) 30 E. Fayette Street

Huntington Williams N.F.

FILED 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 7 1932 to December 21 1932

I last saw her alive on December 21 1932 Death is said to have occurred on the date stated above, at 9.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec 13
Diabetes Mellitus	Unk
Other contributory causes of importance:	
Arteriosclerosis	Unk

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hospitals

M. D. R. 1268-9

85753 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 85753

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Provident Hospital — Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave. St. 7-24 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Oscar Jackson

(a) Residence: No. 500 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widower

If married, widowed, or divorced: BUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. E. Brown

(Address) 531 Biddle St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/26, 1932

UNDERTAKER Bernard C. Kemsley

(Address) 3[illegible] Pennsylvania Ave

Huntington Williams, M.D. Registrar.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1932, to ....., 19....

I last saw h[illegible] alive on 12-22, 1932 Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12-14-32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. Harris, M. D.

(Address) Provident Hospital

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85754

E 85754

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 E. Baltimore St. 6-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 5 mon. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia R. Fleury

(a) Residence: No. 3110 E. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick Fleury

DATE OF BIRTH (month, day, year) July 6 1856

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
	76	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Herman Myers

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Augusta Schuman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Sadler
(Address) 3110 E. Baltimore

BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Dec 26 1932

UNDERTAKER J. Fen McCully
(Address) 130 E. Fort Ave.

Filed 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from May 14th 1932 to Dec 22nd 1932

I last saw h alive on Dec 22nd 1932 Death is said to have occurred on the date stated above, at 1010 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Generalized arteriosclerosis

Other contributory causes of importance:

Oedema of lungs

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) H. J. Sanders M. D.

(Address) 114 S. Mulberry

. D. B. 1368-9

E 85755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85755

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. 610 Archer St. 21-29 Ward)

ngth of residence in city or town where death occurred 12 yrs. + mos. + ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Gray —

(a) Residence: No. 610 Archer St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of James B. Gray

DATE OF BIRTH (month, day, year) Mar 16 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Calvert Co
(State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Susie Haynes
(Address) 623 Archer X

BURIAL, CREMATION, OR REMOVAL
(Place) Calvert Co Md Date 12 27 1932

UNDERTAKER Samuel T Beasley
(Address) 1128 Eastern Ave Huntington Avenue, Md

FILED 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to 12/22, 1932

I last saw her alive on 12/22, 1932 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis + Nephritis	4 mo,
Other contributory causes of importance:	

Name of operation Uterine + + + Date of

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Dan Francis M. D.

(Address) 122 E Lee

M. D. R. 1268-9

E 85756 (83) HEALTH DEPARTMENT—CITY OF BALTIMORE E 85756

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-8 Ward) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alger Polk

(a) Residence: No. 409 N. Central ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-12-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	52	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME John Polk

14. BIRTHPLACE (city or town) (State or country) Del

15. MAIDEN NAME Maime Ross

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Records

(Address)

18. DISPOSITION: BURIAL, CREMATION, REMOVAL

Place National 12/27 1932

19. UNDERTAKER Samuel Schneider

(Address) 578 W Biddle

FILED Huntington Williams M.D.

1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1932 to Dec 22 1932

I last saw him alive on Dec 22 1932 Death is said to have occurred on the date stated above, at 655 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia + lung abscess, Empyema	Dec 1st '32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T Schneider M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85757

E 85757

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2626 Puget St. 25-B-32 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellie Ware

(a) Residence: No. 2626 Puget St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 31

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Neal

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary E Neal

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mary E Ware Daughter

(Address) 2626 Puget st

BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Dec 26, 1932

UNDERTAKER Joseph A. Lucky & Sons

(Address) 1919 Pennsylvania Ave

Huntington Woodcock, Registrar.

Filed 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/21, 1932 to 12/22, 1932

I last saw h... alive on 12/22, 1932 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/21/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. B. Hegarty M. D.

(Address) 912 Edwards St

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85758 E 85758

CERTIFICATE OF DEATH

16-22 107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 W. Lanvale St., St.) (Ward)

Length of residence in city or town where death occurred 81 2 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Brooks Williams

(a) Residence: No. 1905 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ******

DATE OF BIRTH (month, day, year) Oct. 13, 1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	9 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William Williams

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Johanna Eggleston

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mr. Albert Burns
(Address) 352 E. University Pkway

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Dec. 24, 1932

UNDERTAKER Wm. Tuckey & Sons
(Address) North & Pennsylvania

DATE 1932, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932 to Dec 23, 1932
I last saw her alive on Dec 28, 1932 Death is said to have occurred on the date stated above, at 1130 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1928
	1932

Other contributory causes of Importance:

Name of operation none Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19.....

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place X

Manner of Injury X

Nature of Injury X

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify X

(Signed) W. Dan Williams, M. D.

(Address) 3200 Sequoia Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85759 E 85759

CERTIFICATE OF DEATH

V 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Hilldale Rd. 26-54 Ward)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Rankin Padgett.

(a) Residence: No. 3301 Hilldale Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Ann Padgett

6. DATE OF BIRTH (month, day, year) Apr. 15, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Seafood.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 2 yrs.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wm H. Padgett.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Esther Rankin

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Mrs Emma A Padgett

(Address) 3301 Hilldale Rd

BURIAL, CREMATION, OR REMOVAL

Place Forest Park Cem Date Dec 26 1932

UNDERTAKER John F. Dyer Sons

(Address) 1911 Eutaw Pl.

Registrar.

41932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932, to Dec 22, 1932

I last saw h alive on Dec 22, 1932. Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	June 1932
Other contributory causes of importance:	
Arterio-sclerosis	1928

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) James Wheldon Jones M. D.

(Address) 1810 Eutaw Pl

H. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85760

CERTIFICATE OF DEATH

X 108 E 85760

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-7 Ward)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John McGlone

(a) Residence: No. 1264 Haddaway Rd. St., Sparrows Pt Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed at Steel Mills
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Pt
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Patrick McGlone

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

INFORMANT Mercy Hospital Records

(Address) Sister Mary Cayetana 63 Hundred Rd Towson

BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Date Dec 26 1932

UNDERTAKER John F. Deeny

(Address) 710 East Fayette St.

DEC 1932 Huntington Avenue, Md.

..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14-32 , 19..... to 12-22-32 , 19.....

I last saw h Alive on 12-22-32 , 19 . Death is said to have occurred on the date stated above, at 12 15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-18-32
Empyema	12-18-32
Hypertensive Cardio Vascular Disease	?

Other contributory causes of importance:

Coronary Sclerosis, with coronary occlusion and Cardiac infarction (old)	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. R. Burns M. D.

(Address) Mercy Hospital

1-30—M. & T.—100 B—50L.

E 85761

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85761

CERTIFICATE OF DEATH

22-33 91v

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 118 E. Montgomery St. (ST.) 22 (WARD)

2-FULL NAME Luvenia M. Reitz.

(a) RESIDENCE NO. 118 E. Montgomery St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

If married, widowed, or divorced, (or) WIFE OF August Reitz.

6 DATE OF BIRTH (month, day, and year) May 2, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	20	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Funkstown, Md

10 NAME OF FATHER Wm. E. Bowman.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Funkstown, Md.

12 MAIDEN NAME OF MOTHER Luvinia Isminger.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Funkstown, Md.

Informant Catherine Bowman. (sisterinlaw)

(Address) 118 E. Montgomery St.

Filed ..... 1932 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 22, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio-sclerosis.
Acute dilatation of the Heart.

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry.

(Signed) Otto Mortenhardt, M. D. Coroner

12/27/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery

DATE OF BURIAL Dec 24 1932

20 UNDERTAKER John F. Denny

ADDRESS 915 Light St

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85762

CERTIFICATE OF DEATH

E 85762

Registered No.

1. PLACE OF DEATH Balto City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 50 yrs. 5 mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena Lankau

(a) Residence: No. 1161 Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, year): June 30 1881

AGE: Years 53 | Months 5 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME OF FATHER August Lankau

14. BIRTHPLACE (city or town) ..... (State or country) France

15. MAIDEN NAME OF MOTHER Elis Vahman

16. BIRTHPLACE (city or town) ..... (State or country) Germany

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 12/24, 1932

UNDERTAKER [illegible]
(Address) [illegible]

Dec 24 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-20, 1932 to 12-22, 1932

I last saw her alive on 12-22 1932 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis Both Legs	12-15-32

Other contributory causes of importance:

Bronchopneumonia	12-20-32

No

Name of operation ..... Date of .....

What test confirmed diagnosis? C F Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85763 E 85763

CERTIFICATE OF DEATH

Registered No. 94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 Eutaw Place St.) (14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr George A. Steele

(a) Residence: No. 1529 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa Miller Steele

6. DATE OF BIRTH (month, day, year) abt 1872

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
about 60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Veterinary Dentistry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Downtown Maryland

13. NAME Joseph Steele

14. BIRTHPLACE (city or town) (State or country) Downtown Maryland

15. MAIDEN NAME Margaret Gallagher

16. BIRTHPLACE (city or town) (State or country) near Leeds Maryland

17. INFORMANT Mrs. A. L. Abernathy

(Address) Elkton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Elkton, Md. Date Dec 27/32 19

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 W. North Ave.

DEC 24 1932 Elkton, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 2, 1932 to Dec 23, 1932

I last saw him alive on Dec 23, 1932. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Occlusion of Coronary artery or Arteries — Date of onset

Other contributory causes of importance: Arterio-sclerosis age

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John E Leggett, M. D.

(Address) 116-118 Med. Arts Bldg.

M. D. B. 1268-6

85764 16

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85764

CERTIFICATE OF DEATH

V 107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 8-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lillian Cornish

(a) Residence: No. 1323 N. Dallas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) —

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 3-20-31

7. AGE: Years 1 | Months 2 9 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Hamplin Cornish

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Naomi Spencer

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson cemetery Date Dec 26, 1932

19. UNDERTAKER Edw Bonjon

(Address) 1631 Orleans St

FILED ... Registrar.

DEC 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec-20, 1932, to Dec 22, 1932

I last saw h.e alive on Dec 22, 1932 Death is said to have occurred on the date stated above, at 5 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis	12-20-32
Bronchopneumonia	12-19-32
Other contributory causes of importance: Upper respiratory infection	12-19-32

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Edward J Miles M. D.

(Address) JHH

M. D. B. 1268-0

E 85765

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85765

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Abbottston St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Olive V Evans

(a) Residence: No. 1728 Abbottston st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward E Evans

6. DATE OF BIRTH (month, day, year): Apr 20 th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Charles I. Dougherty

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Sarah E Green

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Elizabeth Price

(Address) 1728 Abbottston St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec 26 1932

19. UNDERTAKER: John Ulrich

(Address) 2468 Frederick Ave

Filed 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1932 to Dec 22 1932

I last saw her alive on Dec 22 1932 Death is said to have occurred on the date stated above, at 11.55 P.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset Unk

Myocarditis

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ed E Zimmerman M. D.

(Address) 2468 Frederick Ave

Spec.—1-10-21—M&T—1500 Blks.

85766

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85766

CERTIFICATE OF DEATH.

REGISTERED NO. 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1223 N Gilmor ST. 16-22 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Annie Gunther

(a) RESIDENCE NO. 1223 N Gilmor ST., ... WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Gunther

6 DATE OF BIRTH (month, day, and year): April 6, 1888

7 AGE: Years 44; Months 8; Days 15; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Acomac Co Va

10 NAME OF FATHER: Samuel mason

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Emma White

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

Informant: Constance Vaiden

(Address) 1223 N. Gilmor.

Filed ..... 1932 . 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 22 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932, to Dec 22, 1932, that I last saw h[illegible] alive on Dec 21, 1932, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ~~yrs.~~ ~~mos.~~ 4 ds.

CONTRIBUTORY (Secondary): None

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Cherrydale Address

Did an operation precede death? No Date of 24-

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H C Stewart M. D.

Dec 24, 1932 (Address) 704 W Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Onancock Va

DATE OF BURIAL: Dec 25 1932

UNDERTAKER: Thomas E. Kelson

ADDRESS: 1303 Pressman St

M. D. B. 1268-0

85767

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85767

CERTIFICATE OF DEATH

93003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. — mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophie Gross

(a) Residence: No. 29 E Church St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? ? 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. scrubwoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 070

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Leonard Gross

14. BIRTHPLACE (city or town) (State or country) ? Md.

15. MAIDEN NAME Anne Dorsey

16. BIRTHPLACE (city or town) (State or country) ? Md.

17. INFORMANT deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Dec 25, 1932

19. UNDERTAKER J. L. Bridon & Sons

(Address) [illegible]

FILED [illegible] 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931 to Dec 22, 1932

I last saw her alive on Dec 22, 1932 Death is said to have occurred on the date stated above, at 6:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	?
Other contributory causes of importance: Hypertension	?

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Harry F Dowling M. D.

(Address) Balto City Hosp

AaCo. 5-31 250B

John Wm. Musch E 85768

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85768

CERTIFICATE OF DEATH

V 115-081

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 N. Washington St. 8-17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Musch

(a) Residence: No. 1644 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 19th 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 161
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) City

13. NAME Gustav A. Musch

14. BIRTHPLACE (city or town) (State or country) City

15. MAIDEN NAME Katherine Moser

16. BIRTHPLACE (city or town) (State or country) City

INFORMANT Mrs. Katherine Musch
(Address) 1644 N. Washington St.

BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemetery Date 12/24/1932

UNDERTAKER C. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

FILED Huntington Williams, Reg
DEC 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932, to Dec 22, 1932

I last saw him alive on Dec 22, 1932 death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Encephalitis	Dec 19
Acute Nephritis	
Terminal	
Other contributory causes of importance:	
Acute Pneumonia	
Coronary Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. J. Gibbons, M. D.

(Address) 622 W. Lanvale St

M. [illegible] 85789

26727

E 83769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 117-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Russell Johnson

(a) Residence: No. 114 N Wallas St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harriet

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME Curtis Johnson

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 12-26 1932

19. UNDERTAKER Byrom & Manic Wright

(Address) 1218 Mc Elderry St

19a. [illegible] 19 [illegible] Williamsburg, Va

C 24 1932 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1932 to Dec 21, 1932

I last saw [illegible] alive on Dec 21, 1932 Death is said to have occurred on the date stated above, at 11²⁰ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Nov 19
Shock — origin ?	Dec 21

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Caroline C. Bedell, M. D.

(Address) Johns Hopkins Hospital

AACo. 5-31 250B

85770 E 85770

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3727 Ellamore Ave (St.) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emory Wilton Bassford

(a) Residence: No. 3727 Ellamore Ave St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denison Md

FATHER

13. NAME Emory Wilton Bassford

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Not Given

16. BIRTHPLACE (city or town) (State or country) Not Given

17. INFORMANT Mr Bassford
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlin Date Dec 26 1932

19. UNDERTAKER Geo M Love & Son
(Address) 844 Hollins Ave

Filed 19 Huntington Ave Baltimore Md

DEC 24 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1932, to Dec 24 1932

I last saw him alive on Dec 23 1932, death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Broncho pneumonia	12/22/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas W Wainwright, M. D.

(Address) 9E Chas St.

E 85771

Spec.—1-10-21—M&T—1500 Blks.

85771

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1021 Lanvale St. 16-23 WARD)

2-FULL NAME Montgomery Allen

(a) RESIDENCE NO. 1021 Lanvale ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 93 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Widower

7 DATE OF BIRTH (month, day, and year) 1887

8 AGE — Years: 45 — Months: — Days: — If LESS than 1 day, hrs. or min.:

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: (Jobber) Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Jobber

(c) Name of employer: Self

BIRTHPLACE (city or town) (State or country): Maryland

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant: Mrs. Allen

(Address): 1021 Lanvale St.

Filed 4 1932, 19 — Huntington Williams Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932, to Dec 23, 1932, that I last saw h[illegible] alive on Dec 22, 1932, and that death occurred, on the date stated above, at 9A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) — yrs. — mos. 0 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home address

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John C. Howard M. D.

, 19 (Address) 704 N. Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cemetery — DATE OF BURIAL: Dec 26 1932

20 UNDERTAKER: Archibald R. Caddis — ADDRESS: 1518 Bruce St.

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85772

85772

V 131

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE, (No. 2775 Alameda Blvd (St.) (Ward)

2-FULL NAME Jennie Amelia Black

(a) RESIDENCE No. 2775 Alameda Blvd St. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced — HUSBAND of (or) WIFE of: John A. Black

6b DATE OF BIRTH (month, day, and year): Aug 20 - 1864

AGE — Years: 68 — Months: 4 — Days: 3 — If LESS than 1 day, hrs. or min.: .....

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At home

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Frederick Riepenhorn

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lehmann

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

Information Given by (Name): John A. Black

(Address): 2775 Alameda Blvd

Filed ..... 1932 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec. 23 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 17 1927 to Dec 23 1932

that I last saw her alive on Dec 23 1932

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular Renal Disease

(duration) 11 yrs. mos ds.

CONTRIBUTORY (Secondary) .....

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical + Laboratory.

(Signed) Chas O Edmunds M. D.

1932 (Address) 2746 Alameda Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery — DATE OF BURIAL: Dec 27 1932

20 UNDERTAKER: Chas J. Manning Son — ADDRESS: 1111 N. Royal Ave

M. D. B. 1268-9

E 85773 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85773

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St. 26-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CELESTE T. CLAPPER.

(a) Residence: No. 323 S. Clinton St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

DATE OF BIRTH (month, day, year) Oct. 11 1930.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Lloyd Clapper.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Anna Rothenbuecher.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Lloyd Clapper (Father)
(Address) 323 S. Clinton St.

BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem. Date Dec. 26. 1932

UNDERTAKER Lilly & Geiler Inc.
(Address) 403 S. Oak St.

DATE ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23. 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12:10 A. M.

The principal cause of death and related causes of importance were as follows:

1 Bronchopneumonia

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John D. Morrissey M. D.
Coroner

(Address) 3032 Roland Ave.

M. D. B. 1268-9

5774 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85774

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 N. Milton Ave St. 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Stroebel

(a) Residence: No. 1034 N. Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Mrs Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Henry Stroebel

(Address) 1034 W Baltimore

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec 26 32

UNDERTAKER Frank Grack & Co.

(Address) 710 Cathedral St.

DEC 24 1932, 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1932 to Dec 23, 1932

I last saw h.. alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 6:40 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	

Other **contributory causes** of importance:

Chr Nephritis

Name of operation None Date of .....

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) A C Monninger, M. D.

(Address) 500 E North Ave

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85775 E 85775

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospital Registered No. 108

CITY OF BALTIMORE: (No. Balto. Md. St. 22-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Richard Farrell

(a) Residence: No. 8 E. York St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1-18-1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38 39	11	— 2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipyard

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) New York City

13. NAME Patrick Farrell

14. BIRTHPLACE (city or town) (State or country) N. Y. City

15. MAIDEN NAME Anna O'Brien

16. BIRTHPLACE (city or town) (State or country) N. Y. City

INFORMANT Relative Balto. City Hospital

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 12/24 1932

UNDERTAKER John F. Fahey & Son

(Address) 1348 Light St

Date of Death 12-22-1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1932 to 12-20 1932

I last saw him alive on 12-20 1932 Death is said to have occurred on the date stated above, at 11:05 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	?
Pneumonia lobar	12-1-32

Other **contributory causes** of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-22-32 (Signed) Elmer Hinterer M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

85776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 85776

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 4-6 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John D. Ashton

(a) Residence: No. 48 Market Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene Ashton

DATE OF BIRTH (month, day, year) April 17, 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William F. Ashton

14. BIRTHPLACE (city or town) .....
(State or country) New York

15. MAIDEN NAME Grace Hughes

16. BIRTHPLACE (city or town) .....
(State or country) Maryland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Dorsey Heights Date 12/24 1932

UNDERTAKER John F. Fahey Sons
(Address) Huntington Avenue, N.Y.

1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 7 1932 to December 23 1932
I last saw him alive on December 23 1932 Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1931.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stoen M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

85777 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 √ E 85777

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 1359 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Edwards

(a) Residence: No. 925 Brooks Lane St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color and race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Solomon.

DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Mch

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unk

14. BIRTHPLACE (city or town) (State or country) Unk

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Ella Davis

(Address) 925 Brooks Lane

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/27, 1932

UNDERTAKER Maude B. Saunders

(Address) 1129 N. Carrollton Ave.

1932 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932 to Dec 19, 1932

I last saw h alive on Dec 17, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis Pulmonary Edema	
Sudden	
Other contributory causes of importance:	

over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Luck, M. D.

Coroner

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85778

CERTIFICATE OF DEATH

E 85778

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 249 W. Preston St. 11-24 (Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abbie Williams

(a) Residence: No. 249 W. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: Dark Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private

10. Date deceased last worked at this occupation (month and year): 20 yrs

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Va

13. NAME OF FATHER: Chas Anderson

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME OF MOTHER: unknown

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Martha Hall

(Address): 249 W. Preston

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: 12/24/32

UNDERTAKER: Mrs. A. G. Elliott

(Address): 1129 N. Eutaw St.

FILED: 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 20 1932

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
1 year	

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Link M. D.

(Address) Coroner

Spec.—9-20—A. & Co.—250 Bks.

85779 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85779

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 Cusquith St. 5-8 WARD)

2 FULL NAME Janie Thomas

(a) RESIDENCE NO. 207 Cusquith St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
7	Colored	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7 DATE OF BIRTH (month, day, and year) Aug 16. 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER John Neal

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Mamie Puddly

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Maryland

Informant Mary Brown

(Address) Pikesville Md

Filed . 19 Registrar

1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-23-32

17

I HEREBY CERTIFY, That I attended deceased from 12-14-, 1932, to 12-23-, 1932

that I last saw h— alive on 12-21-, 1932

and that death occurred, on the date stated above, at 8.50 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Lesions

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Interstitial Nephritis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm Harper M. D.

12-24 1932 (Address) 611 N. Carolin

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Lion

DATE OF BURIAL Dec 25. 1932

20 UNDERTAKER Joseph A Lively ADDRESS 409 N Mount St

[illegible]—1-30—M. & T.—250 Bks.

E 85780 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85780

V 23

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 506 N Stockton ST. 18-26 WARD)

2-FULL NAME Joseph L. Oliver

(a) RESIDENCE NO. 506 N Stockton ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lewellyn Oliver

DATE OF BIRTH (month, day, and year) April 16, 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	8	4	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Copper

(c) Name of employer

BIRTHPLACE (city or town) Essex Co Va
(State or country)

NAME OF FATHER Allen Oliver

BIRTHPLACE OF FATHER (city or town) Md
(State or country)

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) Unknown
(State or country)

Informant Lewellyn Oliver
(Address) 506 N Stockton

Filed DEC 24 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 20, 1932

17 I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to Dec 20, 1932;
that I last saw him alive on Dec 19, 1932;
and that death occurred, on the date stated above, at 3 p m.

The CAUSE OF DEATH was as follows:

Thrombosis Tremendus

(duration) ..... yrs. 8 mos ..... ds.

CONTRIBUTORY (Secondary) .....
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Necropsy

(Signed) W. F. Roberts, M. D.

(Address) 601 Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Essex Co. Va.

DATE OF BURIAL 12/28 1932

20 UNDERTAKER Walter B. Spriggs

ADDRESS 329 W Hamburg St

M. D. B. 1268-9

(West)

85781

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85781

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 W Franklin St. 19-27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank K Work

(a) Residence: No. 1506 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jn

6. DATE OF BIRTH (month, day, year): March 15-1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gaiter Top

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Anne Arundel Md

13. NAME OF FATHER: William Work

14. BIRTHPLACE (city or town) (State or country): Anne Arundel Md

15. MAIDEN NAME OF MOTHER: Bates

16. BIRTHPLACE (city or town) (State or country): Anne Arundel Md

17. INFORMANT: Mrs. Annie Work

(Address) 1506 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Anne Arundel-Md Date Dec. 26 1932

19. UNDERTAKER: Mrs. Katie R. Williams

(Address) 3d Fl. Belgrade Bldg.

FILED: Katie R. Williams

4 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1932 to Dec 22, 1932

I last saw him alive on Dec 22, 1932. Death is said to have occurred on the date stated above, at 11 6, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	April 1932

Other contributory causes of importance:

Cachexia	Dec 1932

Name of operation: None Date of: —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. H. Frontier M. D.

(Address) 712 S Stanford St

M. D. B. 1268-9

85782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82 E 85782

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Eutaw Place St., 14-20 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Greenbaum

(a) Residence: No. 1614 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emanuel Greenbaum

DATE OF BIRTH (month, day, year) Jany 21, 1848

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Joel Seliger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ettel Weyland

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs. L. Greenbaum

(Address) 1614 Eutaw Place

BURIAL, CREMATION, OR REMOVAL

Place Balto. Meb. Cem. Date Dec. 26 . 1932

UNDERTAKER Harold Sondheim & Son

(Address) 1702 Eutaw Place, Balto, Md.

FILED . 19 Registrar.

#1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 . 1932 to Dec 23 . 1932

I last saw her alive on Dec 23 . 1932 Death is said to have occurred on the date stated above, at 3.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis (Rt hemiplegia)	Dec 9 1932
Other contributory causes of importance: Bronchopneumonia	Dec 21 1932
Arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Hamburger . M. D.

(Address) 1207 Eutaw Place

M. D. B. 1268-B

85783

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85783

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 727 E. Preston St., 14 - 14 Ward)

Length of residence in city or town where death occurred 40 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Hart

(a) Residence: No. 727 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ellen Clancy

6. DATE OF BIRTH (month, day, year): Aug. 27, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	4 3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): ------- Ireland

13. NAME: Patrick Hart

14. BIRTHPLACE (city or town) (State or country): ------ Ireland

15. MAIDEN NAME: Mary Heathen

16. BIRTHPLACE (city or town) (State or country): -------- Ireland

17. INFORMANT: Mrs. Ellen C. Hart

(Address): 727 E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: 12/26, 19 32

19. UNDERTAKER: Wesley W. Myers and Son

(Address): 800 N. Eutaw Street

20. FILED: 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to Dec 23, 1932

I last saw him alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 23
Other contributory causes of importance: Arterio Sclerosis	1920

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Gustav Wolteco G. M. D.

(Address) 1170 St. Paul St.

M. D. B. 1268-9

85784

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 85784

CERTIFICATE OF DEATH

XV 145-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Cordelia Taylor

(a) Residence: No. Beland Md. St., ... Ward. B

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Taylor

6. DATE OF BIRTH (month, day, year) Nov 8 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Westley Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Laura Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Bel Air Md Date Dec 26 1932

19. UNDERTAKER Degen & Fisher

(Address) Bel Air Md

FILED 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10th 1932 to Dec 24th 1932

I last saw her alive on Dec. 24th 1932 Death is said to have occurred on the date stated above, at 6 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	12/24/32
Other contributory causes of importance: Puerperal Infection	12/15/32

Name of operation Caesarean Section Date of 12/13/32

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ralph W. Jack M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

85785 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85785

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 20 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 dis. How long in U. S. if of foreign birth? ... yrs. ... mos. ... dis.

2. FULL NAME Marion C. Dean

(a) Residence: No. Hillsboro Md St., ... Ward. Hillsboro, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Nettie Dean

DATE OF BIRTH (month, day, year) About 1878

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 54	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hospital Records

(Address) Fowland & Green Sts.

BURIAL, CREMATION, OR REMOVAL

Place Merion Md. Date Dec 25, 1932

UNDERTAKER Wm. J. Tickner & Sons

(Address) Huntington Hollow, N.Y.

DEC 24 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1932 to Dec. 24, 1932

I last saw him alive on Dec. 24, 1932 Death is said to have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	1922
arterio-sclerosis	?
hypertension	?
Gangrene of right second toe	Oct. 1932
Bronchial pneumonia	12/22/32
Other contributory causes of importance: Hemiplegia (right side)	11/8/32

Name of operation Disarticulation of right second toe Date of 12/20/32

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O. M. L. Cerrie M. D.

(Address) University Hospital

M. D. B. 1268-9

Hamm

E 85786

85786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 46

1. PLACE OF DEATH

Md General Hospital

CITY OF BALTIMORE: (No. 1-24 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Hamm

(a) Residence: No. Lutherville, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elva M. Hamm

6. DATE OF BIRTH (month, day, year) Sept 20 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME Jacob Hamm

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Mandilla Utz

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cem Date 12-27-32

19. UNDERTAKER Edw C Fisher

(Address) Hampstead Md

20. FILED Huntingtown Md

DEC 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-7-1932 to 12-25-1932

I last saw h alive on 12-23-1932 Death is said to have occurred on the date stated above, at 12:45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Acute Myocardial Insufficiency	Oct
Complete Obstruction	

Other contributory causes of importance:

Chronic nephritis	
Metastasis to pulmonary	1 yr
lung	

Name of operation Coronary Date of 11-1-32

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) Md General Hospital

Spec.—1-12-23—M&T—500 Blks.

E 85787

E 85787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 Wilkens Ave) (WARD) 20-28

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Katie Eisenberg

(a) RESIDENCE NO. 2028 Wilkens Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? 44 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Eisenberg

DATE OF BIRTH (month, day, and year) 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) At home

(c) Name of employer Herself

BIRTHPLACE (city or town) (State or country) Russia

10 NAME OF FATHER Bernard Lobel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

Informant Joseph H. Eisenberg

(Address) 3462½ Auchentoroly Ter

(Huntington Mutual Funeral Assn)

Registrar

DEC 26 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/24 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1931, to Dec. 24, 1932, that I last saw h alive on Dec. 24, 1932, and that death occurred, on the date stated above, at 7:10 P m.

The CAUSE OF DEATH* was as follows:

Cardiac insufficiency.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute cardiac dilatation

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings

(Signed) Benjamin Millet Med, M. D.

, 19 (Address) 2030 Wilkens Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Washington Rd Cemetery

DATE OF BURIAL 12-25-32 19

20 UNDERTAKER A. Lunsford

ADDRESS 1437-41 E. Baltimore

M. D. B. 1268-9

5788

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 85788

CERTIFICATE OF DEATH

Registered No. 449

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. - Monument St Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nettie Perlman

(a) Residence: No. 2517 Loyola Southway Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Morris

DATE OF BIRTH (month, day, year) 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry Caplan

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Pikesdale Cem. Date 12-25 1932

UNDERTAKER Louis Lewis Inc
(Address) 1439 E. Baltimore St

FILED DEC 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24- 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-16- 1932 to 12-24- 1932

I last saw h Cr alive on Dec. 24 1932 Death is said to have occurred on the date stated above, at 9.52 p m.

The principal cause of death and related causes of importance were as follows:

Pneumonia — Date of onset 12-15-32

Other contributory causes of importance:

Carcinoma of ? Cervix
Carcinomatosis ?

Name of operation Exploratory Laparotomy Date of 12-22-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel E. Gorsuch, M. D.

(Address) Sinai Hospital

Michael P. Heffernan

F. D. B. 1268-9

5789

E 85789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131 V

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkins Aves 25-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Rev. M. P. Heffernan

(a) Residence: No. Blue Point, Long Island St., N.Y. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

3. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 16 1864

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	68	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PC Rect

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Fermoy

13. NAME John J Heffernan

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Mary Wolahan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) Supt Rect

BURIAL, CREMATION, OR REMOVAL Blue Point NY Date Nov 26 32

UNDERTAKER (Address) Joseph Finley & Co Fayette

FILED Nov 26 1932 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 12-23-32, 19... to 12-24-32, 19...

I last saw h... alive on 12/24, 19 32 Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset

Other contributory causes of importance:

Chron. Bright's Disease

Arter. Sclerotic Heart Disease

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

...If so, specify

(Signed) Geo. Gorales M. D.

(Address) St Agnes Hospital

Spec.—1-12-23—M&T—500 Blks.

E 85790

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85790

CERTIFICATE OF DEATH.

159 V

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 2018 McCulloh St. 14-20 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Evans

(a) RESIDENCE No. 2018 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): Infant

If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

DATE OF BIRTH (month, day, and year) Dec 22/32

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
			3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Md

10 NAME OF FATHER: Nathaniel C. Evans

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md

12 MAIDEN NAME OF MOTHER: Gloria Hernandez

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

Informant: W. C. Evans

(Address)

Dec 26 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec-25 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec-22, 1932, to Dec-25, 1932, that I last saw h alive on Dec-24, 1932, and that death occurred, on the date stated above, at 12:00 A m.

THE CAUSE OF DEATH was as follows: Premature Birth

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. J. Coleman M. D.

Dec 25 1932 (Address) 2039 McCulloh

(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn. Cem.	12/26 1932
20 UNDERTAKER	ADDRESS
Litchfield & Riddle	1800 N. Caroll

Huntington Williams M.D.

H. D. B. 1268-9

85791

E 85791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-25 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Salvatore Cassimisi

(a) Residence: No. 323 S Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Cassimisi

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) 2 | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Salvatore Cassimisi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Josephine Sanlacci

(Address) 323 S Paca St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12-26 1932

UNDERTAKER Geo. W. Lotz & Son

(Address) 1715 W Fayette St

DEC 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__ to ____, 19__

I last saw h alive on ____, 19__ Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Fracture of L. Left Humerus	

Name of operation. Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 12/10, 1932

Where did injury occur? At Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Slipped on Pavement

Nature of injury Fractured Humerus

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) H G Kerpa M.D. Coroner M. D.

(Address) 2052 N Fulton Ave

H. D. B. 1268-9

85792 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85792

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 Mc Kean St. 15-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Stedding

(a) Residence: No. 1740 Mc Kean St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry F. Stedding

DATE OF BIRTH (month, day, year) Feb. 7-1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry Stein

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Blaise Young

(Address) 1740 Mc Kean Ave.

BURIAL, CREMATION, OR REMOVAL

Place Londonpark Date Dec 26 1932

UNDERTAKER Margaret E. Thomas

(Address) 1740 Mc Kean Ave

FILED DEC 26 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23- 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 4th 1932 to Dec 23rd 1932

I last saw her alive on Dec 23rd 1932. Death is said to have occurred on the date stated above, at 7.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6-1-31
Other contributory causes of importance: Chronic Bronchitis	11/2/32
and Intestinal Indigestion	12/19/32

Name of operation. ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Huntington Williams, M. D.

(Address) 1701a Eutaw Court

85798 E 85793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-004

1. PLACE OF DEATH St Joo Hospital

CITY OF BALTIMORE: (No. 1480 N. Caroline St. 24-33 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rita M. Hunt

(a) Residence: No. 1409 William St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 21 1921

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	11	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William A. Hunt

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Clara M. Berger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Wm. A. Hunt

(Address) 1409 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedra Date Dec 27 1932

19. UNDERTAKER Wagner & Flynn

(Address) 1411 Pulaski

20. FILED Dec 27 1932 Registrar.

DEC 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1932

22. I HEREBY CERTIFY, That I attended deceased from May 25 1932 to Dec 24 1932

I last saw her alive on Dec 24 1932 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intramedullary tumor of dorsal spine. (Carcinoma)	
Brain Tumor.	

Other contributory causes of importance:

Name of operation Laminectomy Date of 8 6 32

What test confirmed diagnosis? Oper. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Philip Bress M. D.

(Address) St Joo Hospital

M. D. B. 1268-9

E 85794 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85794

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1665 N. Milton Ave 16th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1½ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert F. Zentgraf

(a) Residence: No. 1665 N. Milton Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 2nd 1932

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
0	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward E. Zaugraf

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Katherine Stedding

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edward Zentgraf

(Address) 1665 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Dec 26th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

DEC 26 1932 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/19/32, 19..... to Dec 23/32, 19.....

I last saw him alive on Dec 23/32 Death is said to have occurred on the date stated above, at 8 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Pneumonia	12/19/32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state fully .....

(Signed) H. C. Stoutenburgh M. D.

(Address) 4 W Mt Vernon Pl

M. D. B. 1268-9

85795 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85795

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 Brighton St. 16-6X (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Lanahan

(a) Residence: No. 2826 Brighton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married, widowed, or divorced~~ (or) WIFE of James Lanahan

7. DATE OF BIRTH (month, day, year) Mar 26th 1852

8. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
80	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John Bentz

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Margaret Schafer

16. BIRTHPLACE (city or town) (State or country) Europe

INFORMANT Albert Schueltz

(Address) 2826 Brighton St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 26th 1932

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

DATE 1932 By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1932, to Dec 23, 1932

I last saw h~~e~~r alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas	Oct/32

Other contributory causes of importance:

Metastasis to Liver	

Name of operation none Date of —

What test confirmed diagnosis ~~Clinical~~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph Zierler M. D.

(Address) 207 S Broadway

M. D. B. 1268-9

E 85796

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85796

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 2-10 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Herschman

(a) Residence: No. 28 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of George L. Herschman

DATE OF BIRTH (month, day, year) Sept 6 about 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
last	69	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ~~X~~

11. Total time (years) spent in this occupation ~~X~~

BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Capt Nelson Cate

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Katie Price

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mrs Charlotte D. Browne

(Address) 150 Amsterdam Ave New York City

BURIAL, CREMATION, OR REMOVAL.

Place Balto Date Dec 26 1932

UNDERTAKER Wm Cook

(Address) 1217 Eutaw Pl

FILED DEC 25 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1932 to Dec. 21 1932

I last saw h~~er~~ alive on Dec. 21 1932 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Other contributory causes of importance: Carcinoma of cervix c metastases to pelvis.	4 mos?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David Stanford Clayman M. D.

(Address) Sinai Hospital

MD B E 85797

E 85797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Bancroft Rd 5th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Clara Flamm

(a) Residence: No. 3414 Bancroft Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Wm A. Flamm

7. DATE OF BIRTH (month, day, year) Aug 24th 1861

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
71	4	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Gerhardt Schulz

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah V. McKewen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm A. Flamm

(Address) 3414 Bancroft Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 26th 1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19 ..... Registrar.

1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21st 1932 to Dec 24th 1932

I last saw her alive on Dec 24 1932 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance: Chronic Myocardial Endocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. B. Emory M. D.

(Address) 4926 Park Ave

M 85798 E 85798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH Union Memorial Hosp. Registered No.

CITY OF BALTIMORE: (No. St., 27-53 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. 71 2 16

2. FULL NAME Arnold Elsey Waters

(a) Residence: No. 4611 Broadway St., Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Knight

7. DATE OF BIRTH (month, day, year) Oct. 8th 1861

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Investments

10. Date deceased last worked at this occupation (month and year) Dec - 1932

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland Somerset Co.

13. NAME Loren L Waters

14. BIRTHPLACE (city or town) (State or country) Maryland Somerset Co.

15. MAIDEN NAME Lucretia Jones

16. BIRTHPLACE (city or town) (State or country) Maryland Somerset Co

17. INFORMANT Patient A E Waters

(Address) 4611 Woodlawn Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Pocomoke Md Date Dec 30 1932

19. UNDERTAKER Stewart Milton Co

(Address) Baltimore

DEC 28 1932 19 H. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1932 to Dec. 24, 1932

I last saw h.m alive on 3-40 P.M. Dec 24, 1932 Death is said to have occurred on the date stated above, at 3-40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	12-21-32
Pyogenic pneumonia	12-21-32
Other contributory causes of importance:	
Arteriosclerosis	
Angina Pectoris	3-6 mos ago.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W Garis M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

85799 HEALTH DEPARTMENT—CITY OF BALTIMORE 85799

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2601 N. Calvert St. 12-50 St. ..... Ward)

Length of residence in city or town where death occurred 65 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James R. Blake

(a) Residence: No. 2601 N. Calvert St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie Edmonds

6. DATE OF BIRTH (month, day, year) May 3, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME John Blake

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME ~~Dorothea~~ Robertson

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

INFORMANT Mrs. Jennie E. Blake

(Address) 2601 N. Calvert St.

BURIAL, CREMATION, OR REMOVAL

Place All Saints Date Dec 26, 1932
Calvert C. Md.

UNDERTAKER [illegible]

(Address) [illegible]

FILED ..... 19..... Registrar.

DEC 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932 to Dec 23, 1932

I last saw him alive on Dec. 23, 1932 Death is said to have occurred on the date stated above, at 10 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Dec 23/32
	about
	9. P.M.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry M. Bayley, M. D.

(Address) 2605 N. Calvert St.

Spec.—9-30—A. & Co.—250 Bks

85800 E 85800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 3417 Calloway Ave St. 15-62 WARD) 133

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Philip A. Plantz

(a) RESIDENCE NO. 3417 Calloway Ave -Ashburton ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 4 mos 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Plantz

DATE OF BIRTH (month, day, and year) Aug-16-1849

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	4	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

10 NAME OF FATHER Philip Plantz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth Reitz

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mrs Geo. Riehl
(Address) 3417 Calloway Ave

Filed ..... 19 ..... Registrar

26 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22-32.

17

I HEREBY CERTIFY, That I attended deceased from Nov. 2nd, 1932, to Dec 22, 1932

that I last saw him alive on Dec 22nd, 1932

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Caused by Acute Pyelonephritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 15 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) William J. Hesslick M. D.

19 (Address) 1700 Linden Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Loudon Park Cemetery

DATE OF BURIAL Dec 26-32. 19

20 UNDERTAKER F. B. Wippert 1300 Eutaw Place

ADDRESS

1-30—M. & T.—100 B—50L

E 85801

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85801

92-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2637 Hamden ST. 12-5 (WARD)

2-FULL NAME Minnie W. Richards

(a) RESIDENCE NO 2637 Hamden ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Richards

7 DATE OF BIRTH (month, day, and year) Oct 26, 1881

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	27	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Justus Dieterick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Gerloch

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

Informant Mr Fred Dieterick

(Address) 158 Woodbridge Ave. Catonsville

Filed DEC 23 1932 192 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) were find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Paralysis Desease of Heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Morrissey, M. D. Coroner

12/24 1932 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet, Frederick, Md. DATE OF BURIAL Dec. 26 1932

20 UNDERTAKER E. Leroy Stiffler, Inc. ADDRESS 125 E. North Ave.

AACo. 5-H 250B

85802 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85802

CERTIFICATE OF DEATH

× 93-003

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. ..... Ward) 17-5-1

Length of residence in city or town where death occurred ....yrs. ....mos. 3 ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John Hopkins

(a) Residence: No. Alabama Ave., Rosemont, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of single

DATE OF BIRTH (month, day, year) Jan. 9 1884

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 1-[illegible]-32
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) St. Mary's Co.
(State or country) Md.

13. NAME George Hopkins

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Mary Bluford

16. BIRTHPLACE (city or town) Md.
(State or country)

INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 12/24, 1932

UNDERTAKER Wm J. Ingram
(Address) 3000 E. Balto St.

[illegible] 19 .....
Registrar.

DEC 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1932 to December 24, 1932

I last saw h[illegible] alive on December 24 1932 death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary emphysema	[illegible]
Other contributory causes of importance:	
Cardiac dilatation, right side	12/20/32

Name of operation none Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

26. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Gabbott M. D.

(Address) U.S. Marine Hospital, Balto.

M. D. B. 1263-9

Mercik

HEALTH DEPARTMENT—CITY OF BALTIMORE

85803 B 85803

CERTIFICATE OF DEATH

X 92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hosp St. 10-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 1 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Stanislaus Mercik

(a) Residence: No. Franciscan Brothers Rectory St., Ward. Ellicott City Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 8-1886

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
46	7	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rectory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Jacob Mercik

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Joseph Zathos Ellicott city md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Date Dec 27 1932

19. UNDERTAKER George A Weber

(Address) 705 Lamb st.

DEC 28 1932 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3PM Dec 24, 1932 to Dec 25, 1932.

I last saw him alive on Dec 25, 1932 Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Non Valvular Heart Disease — Date of onset

Other contributory causes of importance: Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert Kermisch, M. D.

(Address) St Josephs Hosp.

85804 E 85804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO. 21-31

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Warner ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Ringgold

(a) RESIDENCE NO. 920 Warner ST., WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Ringgold

DATE OF BIRTH (month, day, and year) 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Kent Island Md

10 NAME OF FATHER Perry Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Hassell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

Informant Annie R.C. Dorsey

(Address) 920 Warner St

Filed DEC 26 1932 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22/32

17 I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932, to Dec 22, 1932, that I last saw h[illegible] alive on Dec 22, 1932 and that death occurred, on the date stated above, at 9 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H S McCard, M. D.

12/23, 1932 (Address) 2029 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Dec 26, 32

20 UNDERTAKER James A Stayes — ADDRESS 142 W. Hill St

M. D. B. 1268-9

85805 HEALTH DEPARTMENT—CITY OF BALTIMORE 85805

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 Sharp St. 23-31 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mahaley Woodlon

(a) Residence: No. 939 Sharp St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed or divorced HUSBAND of (or) WIFE of James H. Woodlon

DATE OF BIRTH (month, day, year) 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Wm. Martin

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Cambry Sorrell

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT James W. Woodlon

(Address) 939 Sharp St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 27 1932

UNDERTAKER James A. Taylor

(Address) 1,42 Hustead St

ED 1932 ... 19... for Wm. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 . 1932 to Dec 23 . 1932

I last saw h... alive on Dec 22 . 1932. Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

Paralysis — Date of onset 12/23/1932

Other contributory causes of importance: Cerebral hemorrhage — Date of onset 12/19/1932

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) C. H. Horton M. D.

(Address) 712 S. Broadway

AACo. 5-31 2508

85806

HEALTH DEPARTMENT—CITY OF BALTIMORE E 85806

CERTIFICATE OF DEATH

157-001

1. PLACE OF DEATH West Baltimore General Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 5-7 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Boswell

(a) Residence: No. 1925 Clifton Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Dec 24 - 1931

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pocahontas Co

13. NAME Jane L. Boswell

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Estes Watson

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs. Jane L. Boswell

(Address) 1925 Clifton Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 26 19 32

UNDERTAKER J. Thompson & Sons

(Address) Lafayette & Eutaw

RECEIVED Dec 26 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 19 32

22. I HEREBY CERTIFY, That I attended deceased from December 24, 1932 to December 27 1932

I last saw h.. alive on December 24, 1932 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Bronchopneumonia	12/17/32 (?)
II.	
III.	
IV.	

Other contributory causes of importance: Hydrocephalus

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address) Medical Arts Bldg.

M. D. B. 1268-9

E 85807 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85807

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md 16-26 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Connell Hammond

(a) Residence: No. 608 Fremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Hammond

6. DATE OF BIRTH (month, day, year) 5-25-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 43	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Berlin Md

MOTHER'S FATHER

13. NAME James Hammond

14. BIRTHPLACE (city or town) (State or country) Berlin, Md.

15. MAIDEN NAME ? Ballard

16. BIRTHPLACE (city or town) (State or country) Salisbury Md.

17. INFORMANT Record Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Dec 26, 1932

19. UNDERTAKER Harry M. Grace & Son

(Address) 635 N. Gilmor

FILED 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1932 to 12-23, 1932

I last saw him alive on 12-23, 1932 Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypocondria chronic	8-1-32
over	

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-23-32 (Signed) Oliver Highberger M. D.

(Address) Balto City Hospitals

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85808

92-81

E 85808

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 4016 Roland Ave. St., 13-52 (Ward)

2-FULL NAME William Henry Iyams

(a) RESIDENCE NO. 4016 Roland Ave. St., 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. — ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Jane A. Iyams

6 DATE OF BIRTH (month, day, and year): November 10-1840

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	92	1	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 8 years
(c) Name of employer:

9 BIRTHPLACE (city or town) ..... (State or country) Howard Co. Md.

10 NAME OF FATHER: Isaac Plumer Iyams

11 BIRTHPLACE OF FATHER (city or town) ..... (State or country) Maryland

12 MAIDEN NAME OF MOTHER: Cecelia Motley

13 BIRTHPLACE OF MOTHER (city or town) ..... (State or country) Maryland

14 Informant: Miss M. Ella Iyams (Address) 4016 Roland Ave.

15 Filed ..... 1932 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 23 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Colorectal Disease

Yrs.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) [signature] M. D.

12/24/1932 (Address) 7632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. John's Ellicott City — DATE OF BURIAL: Dec. 26 1932

20 UNDERTAKER: Horace F. Burgee — ADDRESS: 3331 Falls Rd.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85809 — 85809

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore Md St. 10-14 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George R. Price

(a) Residence: No. 809 Aisquith St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Price

6. DATE OF BIRTH (month, day, year) 5-5-1907

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	25	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sptuner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) New Kent Co, Va

MOTHER

13. NAME Hallie

14. BIRTHPLACE (city or town) (State or country) New Kent Co Md

FATHER

15. NAME George Price

16. BIRTHPLACE (city or town) (State or country) New Kent Co Md.

17. INFORMANT (Address) Records Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place West Point Va Date 12/24/32 19...

19. UNDERTAKER Isaac L Brownston (Address) 1 W Montgomery St

Registrar

DEC 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-20-1932 to 12-22-1932

I last saw him alive on 12-22-1932 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-19-32

Other contributory causes of importance:

None	

Name of operation — Date of —

What test confirmed diagnosis? Clin. Cal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

12-23-32 (Signed) Elmer Highberger M. D.

(Address) Balto. City Hospitals

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85810 85810

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 820 N. Rose St., 7-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella L. Schwartz

(a) Residence: No. 820 N. Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred. A. Schwartz

6. DATE OF BIRTH (month, day, year) May 25/70

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John J. Newman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ella L Avery

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Fred. A. Schwartz
(Address) 820 N. Rose

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 12/27 1932

19. UNDERTAKER Philip Herwig
(Address) 2516 Orleans St

20. C26 1932 Huntington Ave, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24/32

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1932 to Dec 24 1932

I last saw h.. alive on Dec 22 1932 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	Dec 20

Other contributory causes of importance:

Diabetes Gangrene toes leg. Diabetes Mellitus. ?,

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alvin B Lemmon M. D.

(Address) 718 N Patterson Park Ave

M. D. R. 1268-9

85811 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85811

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 11-24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Horace Fort

(a) Residence: No. 1213 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed or divorced, HUSBAND of ~~WIFE~~ of Late Katherine Fort

DATE OF BIRTH (month, day, year) Jan 7/55

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

13. NAME Allen T. Fort

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Cordellia Fort

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Frank Fort (Address) 526 N. Castle Ct

BURIAL, CREMATION, OR REMOVAL. Place London Pk Date 1/27, 1933

UNDERTAKER Philip Hamig (Address) 2016 Nelson Ct

FILED JAN 26 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932, to Dec 24, 1932

I last saw h.. alive on Dec 24, 1932. Death is said to have occurred on the date stated above, at 8.50 p.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset 12-20-32

Other contributory causes of importance:

Hypertension Heart Disease

Name of operation None Date of None

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Sherman, M. D.

(Address) Univ. Hosp

M. D. H. 1268-9

85812 HEALTH DEPARTMENT—CITY OF BALTIMORE B-85812

CERTIFICATE OF DEATH

Registered No. 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 N. Patterson Pk Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna M. Clemens

(a) Residence: No. 1223 N. Patterson Pk Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Clemens

DATE OF BIRTH (month, day, year) Jan 4 - 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Schreiner

14. BIRTHPLACE (city or town) (State or country) Ger.

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) Ger.

INFORMANT Chas Clemens

(Address) 1615 E. 30th st.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 12/26/32

UNDERTAKER Philip Herwig

(Address) 2316 Orleans st.

FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/32 19

22. I HEREBY CERTIFY, That I attended/deceased from . 19 . to . 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . Coroner . M. D.

(Address) 508 E Fayette

85813

HEALTH DEPARTMENT—CITY OF BALTIMORE 85813

267626

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-10 Ward)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wolfe Krantz Krawitzky

(a) Residence: No. 2206 E Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Yetta

6. DATE OF BIRTH (month, day, year) Mar. 10, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Louis Krantz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lot Carmel Date 12-26 1932

19. UNDERTAKER Jacob Lewis Inc.
(Address) 1439 E. Baltimore St

DEC 26 1932 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1932, to Dec 25, 1932.

I last saw him alive on Dec 25, 1932. Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 mos.
Chronic Bronchitis	

Other contributory causes of importance:

Chronic bronchitis	2 yrs
Emphysema of lungs	2 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Max Bernstein M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-2

85814

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85814

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Reisterstown Rd St. 15-5X Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paula Schroeder

(a) Residence: No. 3100 Reisterstown Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Jacob Schroeder

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Jack Lewis Inc

(Address) 1439 E. Balto St

BURIAL, CREMATION, OR REMOVAL

Place New Washington Rd Date 12-27 1932

UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Balto St

FILED ... 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1932 to Dec 25 1932

I last saw her alive on Dec 25 1932 Death is said to have occurred on the date stated above, at 7.20 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (Apical)	12/24/
Other contributory causes of importance: Influenza	

Name of operation — Date of ...

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack Cohen M. D.

(Address) 2235 Broadway

M. D. B. 1268-9

35815 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85815

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 Ensor St St. 5-8 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME Mary Potter

(a) Residence: No. 641 Ensor St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Benjamin

DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Pasa Levensky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Pearl

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Benjaman Potter

(Address) 641 Ensor St

BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 12-26 1932

UNDERTAKER Chas. Louis Love

(Address) 1439 E Baltimore St

FILED DEC 26 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from December 6 1931 to December 25 1932

I last saw h.. alive on December 24 1932 Death is said to have occurred on the date stated above, at ..... m.

The **principal cause of death** and related causes of importance were as follows:

Chronic Interstitial Nephritis

Uremia

Other **contributory causes** of importance:

Aortic Insufficiency

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John D. Veeder M. D.

(Address) 930 Monument

M. D. R. 1268-9

5816

HEALTH DEPARTMENT—CITY OF BALTIMORE 85816

CERTIFICATE OF DEATH

54

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 2 Marquette St. 27-43 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Fox

(a) Residence: No. 620 2 Marquette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1870 July 5

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6 2	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt

13. NAME Louis Fox

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Anne Kraft

16. BIRTHPLACE (city or town) (State or country) Balt.

INFORMANT Brother-in-law Fox

(Address) 622 Marquette Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/26 1932

UNDERTAKER Harry H. Wilhelm

(Address) 4101 Edmondson Ave

DEC 26 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1932 to Dec 24 1932

I last saw h.. alive on Dec 24 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left breast

Date of onset

Other contributory causes of importance:

Duration 2 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? Probably Not

If so, specify .....

(Signed) 617 W 40 St M. D.

(Address)

85817 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85817

Trainor

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. C

1 PLACE OF DEATH
CITY OF BALTIMORE (No. 1571 John WARD) 14-70

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Bertie F. Trainor

(Residence in Baltimore: No. 1824 Linden Av St.; 19 yrs., mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Fem

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED OR DIVORCED, (Write the word.) Married

6-DATE OF BIRTH, Nov 3 (Month) (Day), 1886 (Year)

7-AGE, 46 yrs. 1 mos. 22 ds. If LESS than 1 day, ...hrs. or ...min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):

9-BIRTHPLACE, (State or Country). Wash D. C.

PARENTS.

10-NAME OF FATHER, Perry V. Hough.

11-BIRTHPLACE OF FATHER (State or Country), Wash D.

12-MAIDEN NAME OF MOTHER, Mary Daw

13-BIRTHPLACE OF MOTHER (State or Country), Was D. C

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Owen L. Trainor

(Address) 1824 Linden Ave

15-

Filed ..... 191 ..... Registrar.

DEC 26 1932

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, Dec 28 (Month) (Day), 193 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

Sudden

(Duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) ... M. D. (Coroner.)

Dec 28 1932 (Address) Coroner

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Washington D C

DATE OF BURIAL, Dec 30, 19 32

20-UNDERTAKER George L. Schwab

ADDRESS 2101 Frdk Rd

M. D. B. 1268-9

E 85818

85818 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 20-26 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Casper Lauterbach

(a) Residence: No. 419 S. Pulaski St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada —

6. DATE OF BIRTH (month, day, year) 2-25-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stitcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Lauterbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosie Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records at Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Dec 27, 1932

19. UNDERTAKER George L. Lehnert

(Address) 2101 Eastern Ave

20. FILED 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-21, 1932, to 12-23, 1932

I last saw him alive on 12-23, 1932 Death is said to have occurred on the date stated above, at 9.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	12-12-32
Other contributory causes of importance:	
Coma	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-23-32 (Signed) Elmer H. Hilberg M. D.

(Address) Balto. City Hospitals

DEC 26 1932

M. D. B. 1268-9

E 85819

HEALTH DEPARTMENT—CITY OF BALTIMORE

85819 56

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1-3 Ward)

(If death occurred in an hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Jablonski Jablonski

(a) Residence: No. 2716 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/2/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Michael Jablonski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Mulenko

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 26, 1932

19. UNDERTAKER M. Rozzandi
(Address) 1430 N. Eastern Ave

Dec 26 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932 to Dec 24, 1932

I last saw her alive on Dec 24, 1932 Death is said to have occurred on the date stated above, at 7 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Possible congenital heart disease. Possible terminal meningismus	

Other contributory causes of importance:

none

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Sign) Edward F. Wilson, M. D.

(Address) Johns Hopkins Hospital

AdCo. 5-31 250R

E 85820

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85820

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St. 10-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Shook

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) Balt. Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 19-1857

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Albert Shook

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Susan La Bank

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sister Stanislaus, Sup.
(Address) 1200 Valley St. Balt. Md.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 27, 1932

UNDERTAKER Pilz Weddell
(Address) 317 Cathedral St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1932, to Dec 26, 1932
I last saw her alive on Dec 24 1932 death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cardiac Failure	
(b) Arteriosclerosis	
Other contributory causes of importance:	
Arthritis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. McCarthy, M. D.

(Address) 1104 Hanover

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85821

85821

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 W. Camden St. 93-30 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Curtis Forrest

(a) Residence: No. 400 W. Camden St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	(?)

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50 ?				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Police Department
(Address)

BURIAL, CREMATION, OR REMOVAL
Bayerdale Pa Date Dec 26. 1932

UNDERTAKER John J Mitchell Sons
(Address) 1900 Eutaw Place

FILED 19 ... (Signature) Huntingdon Williams, M.D.

DEC 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Zeller Coroner . M. D.

(Address) 2759 Eastern Ave

1-30—M. & T.—100 B—50I.

85822

E 85822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1-PLACE OF DEATH Pronounced Dead at 3-8 REGISTERED NO. .....

CITY OF BALTIMORE: (No. Mercy Hospital ST. ..... WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ada Ball

(a) RESIDENCE NO 1494 High ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced (write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 30 32

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Salt City

10 NAME OF FATHER Stephen Ball

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Viola Young

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Salt City

Informant Stephen Ball

(Address) 1494 High St

Filed 2-6 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 24 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) James M. Fenton M. D. Coroner

2-7-32 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Usbury Cem

DATE OF BURIAL 2/26 1932

20 UNDERTAKER Wendel J. Dibbel

ADDRESS 300 S. Ed

M. D. B. 1268-9

Evritt ✓

85823 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85823

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 24-32 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James T. Evritt

(a) Residence: No. 1029 E. Compton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of Louisa C. Evritt
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 25, 1848

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
84			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

11. NAME Timothy Evritt

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. MAIDEN NAME Elizabeth Jane Wooten

14. BIRTHPLACE (city or town) Annapolis, Md.
(State or country)

INFORMANT Rev. James T. Ford
(Address) 800 Washburn Ave. Brooklyn

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 26, 1932

UNDERTAKER John F. Denny
(Address) 715 Light St. Williamsport, Md.

FILED DEC 26 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1932 to Dec 22nd, 1932
I last saw him alive on Dec 22nd, 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/20/32
Other contributory causes of importance:	
Arteriosclerosis	several years.

Name of operation ✓ Date of ✓

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ✓

(Signed) H. H. Buxton, M. D.

(Address) 201 E. Cross St.

M. D. L. 1934

E 85824

E 85824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Hollins St. 14-28 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stella M. Marriott

(a) Residence: No. Same 1430 Hollins St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella M. Marriott

6. DATE OF BIRTH (month, day, year) Sept 8, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 63

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140 R. R. 63

10. Date deceased last worked at this occupation (month and year) 8 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Joshua Marriott

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Emma Colvert

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Stella M. Marriott

(Address) 1430 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 27 1932

19. UNDERTAKER G. Elmer Kuhns

(Address) 1538 Hollins St

20. FILED ..... 19 ..... Sec

DEC 26 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1932 to December 24, 1932

I last saw h... alive on ..... 4, 1932 Death is said to have occurred on the date stated above, at ... A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Lung	1 year

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Personal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leonard Fade M. D.

(Address) 1900 Maryland Ave

M. D. B. 1768-5

85825 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 85825

CERTIFICATE OF DEATH

1. PLACE OF DEATH Corse's Woods

CITY OF BALTIMORE: (No. Gen 4715 Schley Ave St. 27-41 184 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C. Starr

(a) Residence: No. 4715 Schley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 11, 1919

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	13	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Harry H. Starr

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Margaret M. Reimer

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Harry H. Starr
(Address) 4715 Schley Ave

BURIAL, CREMATION, OR REMOVAL

Place St. Matthews (Cem.) Date Dec 27 1932

UNDERTAKER Ellis L. White
(Address) 2554 Madison Ave

DEC 26 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23/32 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 5.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	

Other contributory causes of Importance:

Rifle Shot Wound - above occiput

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 23/32 19

Where did Injury occur? Corses woods
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of injury Gun was discharged in hands of companion.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E Fayette

1-30—M. & T.—100 II—501.

85826

E 85826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2248 Guilford Avenue (Ward) 12-50

2-FULL NAME Frances E Kelly

(a) RESIDENCE NO 2248 Guilford Avenue ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

6a If married, widowed, or divorced
HUSBAND of (or) WIFE of unknown

6 DATE OF BIRTH (month, day, and year) ~~March 26-1866~~ March 24, 1863

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66 ~~yr.~~	9 ~~mo.~~	~~7~~ 7 ~~da.~~	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Zachariah Alban

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Informant Mrs Robinson

(Address) 2828 Huntington Ave

Filed ..... 192 ..... Registrar

DEC 26 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry) thereon and from the evidence obtained by said Inquest (autopsy or inquiry) I find that said deceased came to ~~her~~ death on the day stated above.

The CAUSE OF DEATH* was as follows:

Tabetic Neurosis
Pleurisy

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Morrow M. D.
Coroner

12/26 1932 (Address) 362 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Middletown, Md

DATE OF BURIAL Dec 26, 1932

20 UNDERTAKER E. Leroy Stuffle, Inc

ADDRESS 125 E North ave

M. D. B. 1268-9

85827

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85827

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 324 N. Fulton St. (Ward) 20-10

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Margret Arnold

(a) Residence: No. 324 N. Fulton St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Anthony P. Arnold

DATE OF BIRTH (month, day, year) Apr 17 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (City or town) (State or country) Baltimore

13. NAME Henry Frank

14. BIRTHPLACE (City or town) (State or country) Germany

15. MAIDEN NAME Untemann

16. BIRTHPLACE (City or town) (State or country) Germany

INFORMANT Son Henry Arnold

(Address) 727 Poplar Grove St

BURIAL, CREMATION, OR REMOVAL.

Place Woodlawn Date 12/17/32

UNDERTAKER Chas. J. Black

(Address) 1712 W. Baltimore Ave

DATE 12/16/1932 Signature of Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932 to Dec 24, 1932

I last saw h[illegible] alive on Dec 24, 1932 Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Common Duct of Gall Bladder	Oct 20.

Other contributory causes of importance:

No Operation as Patient refused

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify .....

(Signed) John H. Evans M. D.

(Address) 61 E 40th St

M. D. B. 1265-9

5828 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 85828

CERTIFICATE OF DEATH

167 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 S. Payson St. 16-27 Ward)

Length of residence in city or town where death occurred 6th yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Fraske

(a) Residence: No. 622 S. Payson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mat Kraus Fratkmann

DATE OF BIRTH (month, day, year) ...

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 32 yrs	-	-	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... House Painter

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. When Working

10. Date deceased last worked at this occupation (month and year) About 1 year

11. Total time (years) spent in this occupation 12 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John H. Fratke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Laura V. Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs. Sadie Fratke
(Address) 3331 Dudley Rd. Dundalk

BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Dec 26, 1932

UNDERTAKER Elmer W. Conklin
(Address) 3708 Edmondson Ave. Baltimore, Md.

FILED ... Huntingtown, Md. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Suicide by Revolver
Shot Wound of Head

Date of onset ...

Other contributory causes of importance:
Acute Alcoholism

Name of operation ... Date of ...
What test confirmed diagnosis? Typical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 12/23 1932
Where did injury occur? 622 S. Payson St. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place At Home
Manner of injury Revolver Shot Wound
Nature of injury " " "

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

12/23/32 (Signed) Guy N. Cromwell M. D.
Coroner
(Address) 203 Calvert Bldg.

M. D. B. 1268-9

E 85829

85829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 12-51 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mrs William Boulden Jr.

(a) Residence: No. 2917 Bernard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
about 49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME John Boulden.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Phillip Boulden

(Address) 4700 Burnside St.

18. BURIAL, CREMATION, OR REMOVAL

(Place) Stemmers Run Cemetery Date Dec 26, 1932

19. UNDERTAKER Chisholm & Son

(Address) 2615-17 Charlestown

DEC 26 1932 Washington Hill [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932 to Dec 24, 1932

I last saw h.. alive on Dec 24, 1932 Death is said to have occurred on the date stated above, at 7.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia Influenza	12/22/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Herbert Eckert, M. D.

(Address) Union Memorial Hosp

M.D. 85830

HEALTH DEPARTMENT—CITY OF BALTIMORE

M.D. 85830

CERTIFICATE OF DEATH

1. PLACE OF DEATH — St. Joseph's Hospital 171

CITY OF BALTIMORE: (No.) 1400 N. Carolina St. (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William B. Sevier

(a) Residence: No. 1304 Eugene Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Naomi Sevier.

6. DATE OF BIRTH (month, day, year) Aug 31 1908.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur. OCCUPATION

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxi

10. Date deceased last worked at this occupation (month and year) 12-16

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME OF FATHER Joseph Sevier

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Naomi Sevier

(Address) 1304 Eugene Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place National Date Dec 28, 1932

19. UNDERTAKER Thompson Motor

(Address) 3615-17 Chestnut Ave

19 Dec 26 1932

Huntington Indiana, Ind.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 25- 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1932 to Dec 25 1932

I last saw h alive on Dec 25 1932 Death is said to have occurred on the date stated above, at 3 25 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal ulcer	
Hemorrhage	

Other contributory causes of importance:

gangrenous appendicitis (12-16 32)

Name of operation appendectomy Date of 12 16 32

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

35833
26758

HEALTH DEPARTMENT—CITY OF BALTIMORE 35831

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 5-6 Ward).

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Luany Rich

(a) Residence: No. 1305 E. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Moses Rich

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Henretta Carter

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date 12/26/32

19. UNDERTAKER Robert E. Williams
(Address) 1515 E. McElderry St

27878 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932 to Dec 23, 1932
I last saw him alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 5 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, Hypertension + Chr. Vascular Nephritis, Terminal Pericarditis.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? NPN Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Caroline C. Bedell, M. D.

(Address) Johns Hopkins Hospital

85832 ...T—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 85832

CERTIFICATE OF DEATH.

#6

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2606 Rutherford ~~Avenue~~ Street 25-73 Ward

2-FULL NAME Katherine S Chambhart.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) RESIDENCE NO. 2606 Rutherford ST. 2 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. — mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Chas Schambhart.

DATE OF BIRTH (month, day, and year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45		—	—	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Ohio

10 NAME OF FATHER: Fred Deutsch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ohio

12 MAIDEN NAME OF MOTHER: Louise Reisinger

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ohio

Informant: Chas Schambhart.
(Address) 2606 Rutherford Ave

Filed Dec 26 1932. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24 1932

17

I HEREBY CERTIFY, That I attended deceased from Sept. 1932, to Dec 24, 1932,

that I last saw h alive on Dec 24, 1932

and that death occurred, on the date stated above, at Dec 24 m. 32

The CAUSE OF DEATH* was as follows:

Cancer of Stomach.

(duration) 1 yrs. 3 mos ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Sept 22/32

Was there an autopsy? no

What test confirmed diagnosis? Cancer

(Signed) Raymond J Heaney, M. D.

Dec 24 1932 Address 3708 Hudson Ave Balt

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lamesville Ohio — DATE OF BURIAL 12/26 1932

20 UNDERTAKER: Edward Toulson — ADDRESS Walk Blvd

M. D. B. 1268-9

Bal 6171

HEALTH DEPARTMENT—CITY OF BALTIMORE

85833

CERTIFICATE OF DEATH

131 E 85833

1. PLACE OF DEATH Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 20-64 (Ward)

Length of residence in city or town where death occurred 1yr 9 mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary Goss

(a) Residence: No. 2538 N Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co, Md.

FATHER

13. NAME John White

14. BIRTHPLACE (city or town) (State or country) Howard Co, Md.

MOTHER

15. MAIDEN NAME Lydia Gaither

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Ernest E. Goss
(Address) 339 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Laurel Ridge Date Dec 28, 1932

19. UNDERTAKER E Rowe Foden.
(Address) 615-17 E Chestnut Ave

FILED 19 Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/23, 1932, to 12/25, 1932

I last saw h alive on 12/23, 1932. Death is said to have occurred on the date stated above, at 3:2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	
a	

Other contributory causes of importance:

Uremia & Chronic Nephritis	

Name of operation Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address) Maryland General Hospital

Dec 28 1932 Funeral Home, 1700 Eutaw Place

AaCo. 5-11 2508

E 85834 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85834

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Lydenham Hospital

CITY OF BALTIMORE: (No. 4 St., 4 W. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr mos ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Edna E. Beach

(a) Residence: No. 817 Homestead St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Beach

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 (Approximately)			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Levi Haynes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Walter Beach

(Address) 817 Homestead St

BURIAL, CREMATION, OR REMOVAL Woodlawn Date Dec 27, 1932

UNDERTAKER Thomas Holton

(Address) 3615-17 Chestnut Ave

FILED 1932 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1932, to Dec 24, 1932

I last saw h[illegible] alive on Dec 24, 1932 death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Tracheo Bronchitis	9 d
Acute Laryngitis	9 d
Cardiac Failure	
Other contributory causes of importance:	
Chronic (Myocarditis	7 y
Funeral at Residence	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry Lachman, M. D.

(Address) Lydenham Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85835

85835

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Md Gen Hosp (St.) 13-52 (Ward) 181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Clark.

(a) Residence: No. 3411 Chestnut Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Fem | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm Clark.

7. DATE OF BIRTH (month, day, year): Feb 27-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Williamsport Md.

13. NAME: Clark Kelly.

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Josephine.

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: A. C. Cobb.

(Address): 704 Record

18. BURIAL, CREMATION, OR REMOVAL: Cremation, Delaware Date Dec 27, 1932

19. UNDERTAKER: Ehrenworth Son

(Address): 2415-17 Eutaw Ave.

20. FILED: Dec 27 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932.

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset
2nd Degree burns 2/3 body.	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis: Regular Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 21, 1932

Where did injury occur? home.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury: Rug caught fire

Nature of injury: Burn clothing.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. C. Kirk, M. D.

(Address) Coroner

85836

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85836

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH Williams & Caton Aves

CITY OF BALTIMORE: (No. St Agnes Hospital St., 9 Ward) 9-69

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Christiana Wittman

(a) Residence: No. 2654 Fredericka ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Conrad Wittman

DATE OF BIRTH (month, day, year) Dec 2nd 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Conrad Wittman

(Address) 2654 Fredericka ave.

BURIAL, CREMATION, OR REMOVAL

Place St. Pauls Cem Date Dec 27 19 32

UNDERTAKER Charles W. Dill

(Address) 3107 Frederick ave.

DEC 29 1932 Dr. Winston Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-22-32, 19..., to 12-24, 1932

I last saw h— alive on 12-24, 19 32 Death is said to have occurred on the date stated above, at 11.12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Primary in Bronchus	
Carcinomatosis	
Metastases to Liver	

Other contributory causes of importance:

Name of operation Exploratory Celiotomy (Dr Williams) Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo Gosta, M. D.

(Address) .....

A&Co. 5-31 250B

85837

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85837

CERTIFICATE OF DEATH

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. 12-51 82-002

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Ward)

Length of residence in city or town where death occurred yrs. 4 mos ds How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter E. Marshall

(a) Residence: No. Halethorpe, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia A. Deal

DATE OF BIRTH (month, day, year) Dec. 16, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	0	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Mt. Jackson
(State or country) Virginia

13. NAME Charles Marshall

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Sallie Stover

16. BIRTHPLACE (city or town) Mt. Jackson
(State or country) Virginia

INFORMANT Baltimore, U.S. Marine Hospital Baltimore, Maryland
(Address)

BURIAL, CREMATION, OR REMOVAL.
Place Holland Date Dec 27, 1932

UNDERTAKER Forrest Eaton
(Address) 22 E. Fayette St.

FILED Huntington Williams, M.D.
DEC 26 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24 32, 19

I HEREBY CERTIFY That ~~August~~ December 24 deceased from 58 in , 19 December 24 , 19

I last saw h alive on 12:05 death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, adeno of stomach with metastesis to liver	12-3-32
Thrombosis of Artery Cerebral	
Other contributory causes of importance:	

Name of operation Physical Examination Date of

What test confirmed diagnosis? Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M.D.
(Address) U.S. Marine Hospital Baltimore Md

M. D. B. 1265-9

85838

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85838

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 E. Clement St. 4-33 Ward)

Length of residence in city or town where death occurred 82 yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary L. Wroten

(a) Residence: No. 524 E. Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Wroten

6. DATE OF BIRTH (month, day, year) Dec. 16, 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Louis Rush

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Mrs. Gertude Scheeler

(Address) 524 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Dec. 28, 1932

19. UNDERTAKER C. H. Mitchell Evans & Son

(Address) 38 E. Preston

20. FILED DEC 26 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932, to Dec 26, 1932

I last saw her alive on Dec 22, 1932. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Bronchitis	12-19-32
b pneumonia	12-22-32
c Collapse	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed dingnosis? phy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ..... M. D.

(Address) .....

AACo. 5-11 2508

85839 **HEALTH DEPARTMENT CITY OF BALTIMORE** E 85839

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1317 Webster St. 24-33 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mary Elizabeth O'Toole

(a) Residence: No. 1317 Webster St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 29, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME William O'Toole

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Connor

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs John Thompson
(Address) 1317 Webster St

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec 27, 1932

UNDERTAKER Paul A. Thuneday
(Address) 703 S Hanover St

DATE 12-27-1932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932, to Dec 24, 1932

I last saw h.. alive on Dec 23, 1932 death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1 yr
Other contributory causes of importance: Arterio Sclerosis	1 yr

Name of operation — Date of ....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Wheeler M. D.
(Address) 1279 William St.

M. D. B. 1269-9

Oxuk

F 85840

85840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md.) (Street or Ward) 26-37

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mat Oxuk

(a) Residence: No. 6901 Brentwood, Ave St., Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1880

7. AGE: Years 52 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

MOTHER FATHER

13. NAME: Lavrin Oxuk

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Grypina

16. BIRTHPLACE (city or town) (State or country): Poland (deceased)

17. INFORMANT: Record, Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Russian Cem Date Dec. 26 1932

19. UNDERTAKER: [illegible]

(Address)

[illegible] Registrar.

6 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 22, 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 17 1932 to Dec 22 1932

I last saw h alive on Dec. 22 1932 Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Arteriosclerotic Heart Dis.	1
Other contributory causes of importance:	
Arteriosclerosis	?
Hypertension	1
Emphysema	?
	?

Name of operation: None Date of —

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Oliver Sigberg M. D.

(Address) Balto City Hospitals

M. D. R. 1268-2

85841

HEALTH DEPARTMENT—CITY OF BALTIMORE

85841

CERTIFICATE OF DEATH

Registered No. 45

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1223 N Central Ave Ward)

Length of residence in city or town where death occurred 14 yrs. 11 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R Krebs

(a) Residence: No. 5016 Cordelia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ Carrie L Krebs

DATE OF BIRTH (month, day, year) Jan 1st 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dyer Cotton Goods

10. Date deceased last worked at this occupation (month and year) Aug 3rd 32

11. Total time (years) spent in this occupation 22 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME David P Krebs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Sarah O'Mc Cabe

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs Carrie L Krebs

(Address) 5016 Cordelia Ave

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Frederick Md Date Tuesday 27 32

UNDERTAKER George Schilling & Sons

(Address) Monument & E Baltimore St

FILED Dec 26 1932, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 0 1932 to Dec 24 1932

I last saw h alive on Dec 20 1932 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia acute	2 w

Other contributory causes of importance: Carcinoma Rectum

Name of operation Transfusion Date of Oct 19

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Amos B Lemmon M. D.

(Address) 718 N Bellows Rd

M. D. R. 1268-9

85842 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 85842

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 N. Smallwood St. 15-60 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Margaret Boon

(a) Residence: No. 2109 N. Smallwood St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James M. Boon

6. DATE OF BIRTH (month, day, year) June 10-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Dora Krug

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jane R. Boon

(Address) 2109 N. Smallwood

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 27, 1932

19. UNDERTAKER Josiah Sifter

(Address) 1111 Hilsdale St.

FILED Dec 27 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1932, to Dec 23, 1932

I last saw her alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 4.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? General ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Wm Lee M. D.

(Address) 2211 Eutaw Place

M. D. B. 1268-9

85843 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85843

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 N. Washington Street, Ward) 2128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Ann Clare McElroy

(a) Residence: No. 1403 N. Washington Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard J. McElroy

6. DATE OF BIRTH (month, day, year) Aug. 15, 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Manus Harkins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine (Unknown)

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Rev. J. McElroy

(Address) 1403 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec, 27, 1932

19. UNDERTAKER Geo. D. Ruth Son

(Address) 1733 Aisquith St.

20. FILED ..... 19..... Registrar.

DEC 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec, 24, 1932

I last saw her alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Bilateral	
Other contributory causes of importance:	
Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Powers, M. D.

(Address) 1612 Broadway

M. D. B. 1268-9

E 85844 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85844

CERTIFICATE OF DEATH

160-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp (St.) 4-30 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Francis Dougherty

(a) Residence: No. 57 Kingsley Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 15-1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME John Dougherty

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Dorothy McDonald

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT John Dougherty

(Address) 57 Kingsley Rd

BURIAL, CREMATION, OR REMOVAL

Place Johnstown Date Dec 27, 1932

UNDERTAKER John Ulrich

(Address) 600 Aliceanna

DATE FILED 12/27/1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 26, 1932

I last saw h— alive on Dec. 26, 1932 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Intra cranial hemorrhage — Date of onset Dec 12, 32

Other contributory causes of importance:

Cerebral asphyxia — Dec 26 1932

Name of operation No Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) William E Brown M. D.

(Address) University Hospital

M. D. R. 1268-9

E 85845

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85845

CERTIFICATE OF DEATH

27-002

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. 33rd & Calvert St ..... St., 12-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Ned Chilton

(a) Residence: No. Spring Hill, W. Va St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	~~Married~~ Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spring Hill, W. Va

13. NAME J. S. Chilton

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Frances Hamilton

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT P. A. Simpson

(Address) Charleston W. Va

18. BURIAL, CREMATION, OR REMOVAL

Place Charleston Wv Date 12/26 1932

19. UNDERTAKER Cook Lewis & Co

(Address) 1429 E. Balto

20. FILED ..... Registrar.

27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1931 to Dec 25, 1932

I last saw h~~im~~ alive on Dec. 25, 1932 Death is said to have occurred on the date stated above, at 11 ~~a~~ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Osteomyelitis, rt hip	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank R Stephenson M. D.

(Address) Union Memorial Hosp

M. D. B. 1268-9

85846

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 85846

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4613 Edmondson ave. St., 28-66 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Keene

(a) Residence: No. 4613 Edmondson ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE of~~) Lillian Keene

6. DATE OF BIRTH (month, day, year) Aug. 2, 1875

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	57	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Balt City

13. NAME William H. Keene

14. BIRTHPLACE (city or town) (State or country) Balt City

15. MAIDEN NAME Kath. Vineyard

16. BIRTHPLACE (city or town) (State or country) Balt City

17. INFORMANT Lillian Keene

(Address) 4613 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 12/27/ 1932

19. UNDERTAKER J. A. Noah & Son

(Address) 3062 Baltimore

20. FILED ... Registrar.

DEC 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Dec. 24 1932

I last saw h[im] alive on Dec. 23, 1932 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	4.1.32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify no

(Signed) Eugene L. Cavaignol M. D.

(Address) 514 Druid Park Lane

M. D. B. 1268-9

E 85847

E 85847 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 443 E. Gitting St. 24-33 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. dis. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William McAleavey

(a) Residence: No. 443 E. Gitting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 23, 1874

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
58	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va

MOTHER FATHER

13. NAME Peter McAleavey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Waters

16. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

17. INFORMANT Mrs. McAleavey
(Address) 443 E. Gitting St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date Dec. 28, 1932

19. UNDERTAKER Margaret A. Flynn
(Address) 1422 Light St

20. Filed [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932 to Dec 25, 1932

I last saw h[illegible] alive on December 25, 1932 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Mitral Insufficiency

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) J. A. Sherwood M. D.

(Address) 1337 S. Charles St.

M. D. R. 1268-9

✓ E85848

85848 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 121

1. PLACE OF DEATH Balto City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Walker

(a) Residence: No. 1006 S Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9-10-1920

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Archer Walker

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Anna Meibohm

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. cem. Date Dec. 28, 1932

UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager ste.

FILED DEC 1932 Huntington Memorial Home Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1932 to 12-24, 1932

I last saw her alive on 12-24, 1932 Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	12-20-32
Peritonitis	

Other contributory causes of importance:

Septicemia
Post operature
Shock

Name of operation appendectomy Date of 12-23-32

What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Bruce Fulton M.D.

(Address) Balto City Hosp

M. D. B. 1268-9

85849 HEALTH DEPARTMENT—CITY OF BALTIMORE B 85849

CERTIFICATE OF DEATH

11-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.. 1417 Hollins St. 19-24 (Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Shukys

(a) Residence: No. 1417 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Not known

DATE OF BIRTH (month, day, year) 1850

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	82			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Umbrella Mender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) Dec 19-1931 | 11. Total time (years) spent in this occupation 3yrs.

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Anthony Shukys.

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Agnes Shukis

(Address) 1417 Hollins St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12-27 1932

UNDERTAKER Elias G. Fischbaum

(Address) 637 W. Pratt St.

DEC 27 1932 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1932, to Dec. 24 1932

I last saw him alive on December 23 1932 Death is said to have occurred on the date stated above, at 7:40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Broncho-Pneumonia	12-18
Other contributory causes of importance: Myocardial Insufficiency	12-23

Name of operation ..... Date of .....

What test confirmed diagnosis. Physical signs of d. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

DEC 24 1932 (Signed) J. B. Bronushas, M. D.

(Address) 3037 Edmondson Av

M. D. B. 1268-a

85850

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85850

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 S Ellwood ave, 1-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma L. Reis

(a) Residence: No. 4 S. Ellwood ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or WIFE of): William Reis

6. DATE OF BIRTH (month, day, year): Jan. 26 1856

7. AGE — Years: 76 | Months: 10 | Days: 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): City Germany

MOTHER FATHER

13. NAME: Philip Heintz

14. BIRTHPLACE (city or town) (State or country): France

15. MAIDEN NAME: Bertha Heinkleman

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Lilly Reis
(Address): 4 S Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: 12/27, 1932

19. UNDERTAKER: J. E. Moran
(Address): 1300 E Baltimore

19. [illegible] 1932 [illegible] Registrar.

DEC 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1931, to Dec 23, 1932

I last saw h[illegible] alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	
Cardiac Myocarditis.	

Other contributory causes of importance:

Name of operation: None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. J. Moran M. D.

(Address) 301 S Ellwood ave

M.D. 85851

✓ E 85851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hosp. 16-66

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Paulus

(a) Residence: No. 606 Woodington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 3-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drugs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Paulus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Roth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry F. Bickel
(Address) 146 So. East Ave. Balt. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 28 '32

19. UNDERTAKER George W Zepfler
(Address) 1707 E Eager St

20. FILED Huntington Williams, M.D.
DEC 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/25 1932 to 12/26 1932

I last saw him alive on 12/26 1932. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	7 Days.

Other contributory causes of importance:
Angina Pectoris.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Williams M. D.

(Address) 606 Eutaw Hospital.

Spec.—9 30—A. & Co.—250 Bks

85852 ✓ E 85852

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Home for Incurables. 43-52 REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No 40th St & Keswick Rd) WARD)

2-FULL NAME Miss Virginia V. Wallis

(a) RESIDENCE NO. Home for Incurables - ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 18 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	8	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

9 BIRTHPLACE (city or town) Richmond Va
(State or country)

10 NAME OF FATHER Walter Wallis

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Manchester England

12 MAIDEN NAME OF MOTHER Margaret Weeks

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) England

Informant Hospital Records.
(Address)

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1932

17
I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Dec 26, 1932
that I last saw her alive on Dec 25, 1932
and that death occurred, on the date stated above, at 5:40 a.m.

The CAUSE OF DEATH* was as follows:
Arteriosclerosis, hypertension, myocardiac failure. Pulmonary Emphysema.
(duration) 2+ yrs. mos. ds.
CONTRIBUTORY (Secondary) Central hemorrhage & Pneumonia.
(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No.
What test confirmed diagnosis? Phys. Exam.
(Signed) H. Hampton Hopkins M. D.
, 19 (Address) 214 Med Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto
DATE OF BURIAL 12/28/1932

20 UNDERTAKER Wm Cook
ADDRESS 1217 St Paul St

Filed 1932

M. D. B. 1268-9

E 85853

85853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 West) St. Fayette Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William R. Rhoades

(a) Residence: No. 1818 West St., Fayette Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Annie L Rhoades

6. DATE OF BIRTH (month, day, year): Sept 7-1850

7. AGE: Years: 82 | Months: 3 | Days: 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Weaver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Blum Candy Co

10. Date deceased last worked at this occupation (month and year): 5 mos

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Howard Co Maryland

FATHER

13. NAME: George Rhoades

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Florence M. Eichner

(Address): 1818 West Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: 12/28, 1932

19. UNDERTAKER: William Cook

(Address): 1217 St Paul Street

Huntington Williams, N.D.
Registrar.

FILED DEC 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): DEC 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932, to Dec 25, 1932

I last saw ... alive on Dec 25, 1932 Death is said to have occurred on the date stated above, at 1115 P m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset 12/23/32

Other contributory causes of importance:

L Grippe — 12/19/32

Name of operation: None Date of: .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M A O'Neill M. D.

(Address) 108 N Fulton Ave

M. D. R. 1205

E 85854

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85854

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1809 N Chester St. 8-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Ella Woods

(a) Residence: No. 1809 N Chester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 7-184[illegible]

7. AGE: Years 87 | Months 7 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carroll Co Md

FATHER

13. NAME: Josias Woods

14. BIRTHPLACE (city or town) (State or country): Hanover Pa

MOTHER

15. MAIDEN NAME: Dilshorn Woods

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs H Schenk

(Address) 1809 N Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 27. 1932

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

20. FILED: Dec 27 1932 By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1932 to Dec 24 1932

I last saw h[illegible] alive on Dec 24th 1932. Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation	

Other contributory causes of importance:

arteriosclerosis	
nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Jack J. Singer M. D.

(Address) 504 E. North Ave

M & T.—100 B—50L

855

E 85855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital ST. 21-31 (WARD)

2-FULL NAME Walter Davis

(a) RESIDENCE NO 923 South Fremont ST., Salvation Army WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Davis

6 DATE OF BIRTH (month, day and year) ? 1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Salvation Army

9 BIRTHPLACE (city or town) (State or country) Ohio

10 NAME OF FATHER Charles Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Henry Carter

(Address) 923 South Fremont

15 Filed 12 27 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23rd 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said ..... (Inquest, autopsy or inquiry.) find that said deceased came to ..... death on the day stated above.

The CAUSE OF DEATH* was as follows:

I. Chronic Myocarditis (duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Eugene Feller, M. D. Coroner

Dec 29 1932 (Address) 2739 Eastern Ave

* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Int Olivet Cemtery

DATE OF BURIAL 12/28 1932

UNDERTAKER Freeman Cook

ADDRESS 1217 S Paca St

M. D. B. 1268-9

5856

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85856

CERTIFICATE OF DEATH

93-007

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Kirk Ave St., 9-46 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Norton

(a) Residence: No. 2206 Kirk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 29/1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Norton

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Thornton

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss A. Norton (sister)
(Address) 2206 Kirk Ave

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/7/32 19

UNDERTAKER Mary M. Mahoney & Son
(Address) 847 E. Lee St.

FILED Dec 7 1932 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5/32. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

"Reported" Valvular Insufficiency ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Mayer M. D.
Coroner

(Address) 5066 York Road

85857

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85857

CERTIFICATE OF DEATH

Registered No. 174

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp. St. 16-22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jos. Ferguson
(a) Residence: No. 1010 N. Mount St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nannie Ferguson

DATE OF BIRTH (month, day, year): Nov 25 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	-	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: United R.W
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boyken Ala
13. NAME: Jos Ferguson
14. BIRTHPLACE (city or town) (State or country): Boyken Ala
15. MAIDEN NAME: Wyatt
16. BIRTHPLACE (city or town) (State or country): Ala

INFORMANT: Nannie Ferguson
(Address): 910 N. Fulton

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 27, 1932

UNDERTAKER: Hamilton Chase & Son
(Address): 638 N. Gilmor St

FILED Dec 27 1932, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23rd 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 32 to Dec 19 32 that I last saw h alive on Dec 19 32 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Hemorrhage due to Gunshot wound of Chest & Abdomen involving Lung & Kidney	
Other contributory causes of importance:	

Name of operation: Date of
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 12/23/32
Where did injury occur? 1010 N Mount St (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. B. Lamb M. D.
Coroner
(Address)

M. D. B. 1268-9

E 85858

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85858

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St. 22-30 Ward)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Kildis

(a) Residence: No. 673 Washington Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline Kildis

7. DATE OF BIRTH (month, day, year) Dec 24 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fur - Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Michael Kildis

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Caroline Kildis

(Address) 673 Wash. Blvd.

BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus. Date 12-28 1932

UNDERTAKER Bernard C Harker

(Address) 1000 S Paca St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25. 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at ½ m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

(Address) 1739 Eastern Ave.

M. D. Bureau
85859

HEALTH DEPARTMENT—CITY OF BALTIMORE

85859

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Powell Ave St., 27-43 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Philip Reinhardt

(a) Residence: No. 4011 Powell Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian D. Reinhardt

6. DATE OF BIRTH (month, day, year) Jan 7 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Philip Reinhardt

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Margaret Umbach

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Lillian Reinhardt

(Address) 4011 Powell ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Dec 28 1932

19. UNDERTAKER John Ulrich

(Address) 2308 Eutaw St

Huntington Williams Nitt Registrar.

20. FILED Dec 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1932

22. I HEREBY CERTIFY, That I attended deceased from November 1 1932 to December 25 1932

I last saw him alive on December 25 1932 Death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 Yr

Other contributory causes of importance:

Unknown	

Name of operation ..... Date of 0

What test confirmed diagnosis X Ray Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Joseph L. Valentine M. D.

(Address) 17 So Broadway

M. D. R. 1268-9

85860 HEALTH DEPARTMENT—CITY OF BALTIMORE B 85860

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 E. Fort Ave. St. 24-33 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Stone

(a) Residence: No. 106 E. Fort Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benjamin Stone

6. DATE OF BIRTH (month, day, year): May 1 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Henry Hubbard

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Mrs. Bowen
(Address): 106 E. Fort Ave

BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: Dec 27 1932

UNDERTAKER: J. Frew McCully
(Address): 130 E. Fort Ave

27 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-24 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1932 to Dec 28 1932

I last saw h[illegible] alive on Dec 23 1932 Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease - hypertension and arteriosclerosis	

Other contributory causes of importance:

Name of operation: — Date of:

What test confirmed diagnosis? clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.

(Address) 1[illegible] Light St.

M. D. B. 1268-9

5861 E 85861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 7-24 Registered No. 23

CITY OF BALTIMORE: (No. ..... St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence Edwards

(a) Residence: No. 626 George st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Edwards

14. BIRTHPLACE (city or town) (State or country) Maryland ?

15. MAIDEN NAME Susie Grant

16. BIRTHPLACE (city or town) (State or country) Maryland ?

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 12/27, 1932

19. UNDERTAKER [illegible]
(Address) [illegible]

DEC 27 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23 1932

22. I HEREBY CERTIFY, That I attended deceased from September 8 1932 to December 23 1932
I last saw him alive on December 23 1932. Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	Oct 1932
Pulmonary Tuberculosis	Dec 1931
Other contributory causes of importance:	
Arteriosclerosis	Unk
Senility	Unk

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Bennett A. Stauer M. D.

(Address) Baltimore City Hospitals

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85862

5862

CERTIFICATE OF DEATH

131

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Ellen St. Ward) 14-59

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Carrie Graham

(a) Residence: No. 2114 Ellen St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia
(State or country)

13. NAME James Smith

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Dumont

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sadie Saunders
(Address) 2114 Ellen St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Date 2/27/32

19. UNDERTAKER Samuel T. Bowles
(Address) 501 E. Baker St.

FILED 2/27/32 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23, 1931

22. I HEREBY CERTIFY, That I attended deceased from 5/15, 1931, to 12/23, 1931

I last saw h[illegible] alive on 12/23, 1931, death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	
Acute Dilatation of Heart	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) B. A. Burkett, M. D.

(Address) 2 E. 39 St.

Registrar

M. D. B. 1268-9

85863

HEALTH DEPARTMENT—CITY OF BALTIMORE

85863

CERTIFICATE OF DEATH

144-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Harlem St., 16-23 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvia Pleasant

(a) Residence: No. 912 Harlem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 23 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warren Va

13. NAME John Pleasant

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ida Lee

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Lucy Hill

(Address) 912 Harlem

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 12-27-32 19

UNDERTAKER Brady Eagle

(Address) 216 N Fulton Ave

FILED 12-27 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 at 19 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 19

I last saw h alive on Dec 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage following delivery of Twins.

Date of onset Dec 26

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm O Gluck Coroner M. D.

(Address)

M. D. H. 1268-9

85864 HEALTH DEPARTMENT—CITY OF BALTIMORE 85864

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Argyle St., 14-20 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norman Wilkins

(a) Residence: No. 1410 Argyle St., ... Ward.

(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 1 - 1932

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Leroy Wilkins

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Martha Dye

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Martha Wilkins

(Address) 1410 Argyle

BURIAL, CREMATION, OR REMOVAL

Place McAulen Cem Date 12-27 ..., 1932

UNDERTAKER Edward Corbett

(Address) 916 Patapsco St.

FILED 27 1932 ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 ..., 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on Dec 25, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	3 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. H. Lusk, M. D.

Coroner

(Address) ...

M. D. B. 1268-9

Albert W Somers

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85865

CERTIFICATE OF DEATH

5865

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 542 N. Pulaski St. 20-69 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town (where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert W. Somers

(a) Residence: No. 542 N. Pulaski St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mollie L. Somers

7. DATE OF BIRTH (month, day, year): July 24-1866

AGE: Years 66 | Months 5 | Days 8 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md. Meter Works

10. Date deceased last worked at this occupation (month and year): 31

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of father: Saul Somers

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME of mother: Jane

16. BIRTHPLACE (city or town) (State or country): Va.

INFORMANT: Mollie L. Somers

(Address): 542 N. Pulaski

BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Dec 27, 1932

UNDERTAKER: E. Leroy Stiller, Inc.

(Address): 836 North Ave.

DEC 27 1932 Registrar: Wilhelmina N. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24 " 32

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 [illegible] to [illegible], 19 [illegible]. That I last saw h[illegible] alive on [illegible], 19 [illegible]. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 6 yrs

Date of onset

Other contributory causes of importance:

Name of operation: Regular Date of [illegible]

What test confirmed diagnosis: [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? [illegible] Date of injury [illegible], 19[illegible]

Where did injury occur? [illegible]

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place [illegible]

Manner of injury [illegible]

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased?

If so, specify [illegible]

(Signed) H. Falk M. D.

Coroner

(Address) [illegible]

M. D. B. 1268-9

85866 HEALTH DEPARTMENT—CITY OF BALTIMORE 85866

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 5508 Harford Ave St. 27-43 Ward)

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Harry King

(a) Residence: No. 5508 Harford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ruby G. King

7. DATE OF BIRTH (month, day, year) Sept 13/1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

13. NAME Charles H. King

14. BIRTHPLACE (city or town) (State or country) Wash., D.C.

15. MAIDEN NAME Marguarite Talbott

16. BIRTHPLACE (city or town) (State or country) Montgomery Co., Md.

INFORMANT Ruby G. King

(Address) 5508 Harford Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 27, 1932

UNDERTAKER F. M. Rayburn

(Address) 2136 W. North Ave

FILED Dec 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24/32, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11.50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage-Pistol shot thru Brain-r temple.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. K. Hagen Coroner, M. D.

(Address) 508 E North Ave

M. D. B. 1268-9

E 85867 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85867

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hosp. St. 14-27 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Grace Glorioso

(a) Residence: No. 1419 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 26, 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		10 9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER FATHER

13. NAME Samuel Glorioso

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Catherine Bifesto

16. BIRTHPLACE (city or town) Italy
(State or country)

17. INFORMANT Sam Glorioso
(Address) 1419 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12-28-32

19. UNDERTAKER Frank V. Pistorio
(Address) 1515 E. Baltimore St

Huntington Williamsburg, Md.

DEC 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1932, to Dec 26, 1932

I last saw her alive on Dec 26, 1932. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert Kornreich M. D.

(Address) St Joseph Hospital

M. D. B. 1268-9

E 85868 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85868

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lemndale

CITY OF BALTIMORE: (No. Belvedere & Greenspring 97-54 Ward)

Registered No. 92-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Miller

(a) Residence: No. Lemndale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nathan Miller

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 12-27, 1932

UNDERTAKER Louis Lewis & Son

(Address) 1439 E. Baltimore St.

DEC 27 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1932 to 12-27, 1932

I last saw her alive on 12-26, 1932 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac hypertrophy & dilatations	
Mitral Stenosis and Insufficiency	
Auricular Fibrillation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed H. Edmund Kerr, M. D.

(Address) Lemndale

M. D. B. 1268-9

E 85869

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 E 85869

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital (St.) 10-64 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. 3 mos. 2 ds. How long in U. S. If of foreign birth 44 yrs. 1 mos. 10 ds.

2. FULL NAME Louis Fettelberg

(a) Residence: No. 2145 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Russia
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Russia
(State or country)

17. INFORMANT Sam Fettelberg Son
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 12-29, 1932

19. UNDERTAKER Jack Levin Inc.
(Address) 1424 E Baltimore St

FILED DEC 27 1932 Clifton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 1932 to Dec 27th, 1932

I last saw him alive on Dec. 27th, 1932. Death is said to have occurred on the date stated above, at 6 00 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	1908
Simple Hypertrophy of Prostate	1931
Other contributory causes of importance: Chronic Bronchitis	1928

Name of operation Excision of Tumor Left Breast Date of Dec 16, 1932

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eldred Roberts, M. D.

(Address) Franklin Sq Hospital

M. D. R. 1268-9

E 85870 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85870

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 15-60 Ward)

Registered No. 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Fannie Shapiro

(a) Residence: No. 2102 N. Smallwood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year) 1879

7. AGE: Years 53 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Milton Schapiro - Son

(Address) 2031 Ruxton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Windsor Mill Md. Date 12-27-1932

19. UNDERTAKER Saml Levin Inc

(Address) 1439 Eutaw St.

20. FILED DEC 27 1932 Registrar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932 to Dec 26, 1932

I last saw her alive on Dec 26, 1932 Death is said to have occurred on the date stated above, at 9:23P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis of Unknown Origin	?
Other contributory causes of importance: Broncho-pneumonia	2 days

Name of operation Exploratory Laparotomy Date of Dec 23, 32

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. R. Corey M. D.

(Address) Sinai Hospital

M. D. B. 1268-B

E 85871

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85871

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1845 Prestman St. 45-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Johnson

(a) Residence: No. 1845 Prestman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, year): 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 030

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

MOTHER FATHER

13. NAME: Johnie Lomax

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Sarah Lomax

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: James Lomax

(Address) 1845 N. Prestman

18. BURIAL, CREMATION, OR REMOVAL

Place Fredericksburg Va Date Dec 28th 1932

19. UNDERTAKER: Richard R. Caddis

(Address) 1840 E. Baltimore St.

DEC 27 1932 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/32

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1932 to Dec 25 1932

I last saw her alive on Dec 25 1932. Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Hypertension & Arteriosclerosis	Nov 20

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) H. N. Hatcher M. D.

(Address) 1845 E Fort

Spec.—B 30—A. & Co.—250 Bks.

35872 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 35872

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2543 Penna Ave (Ward) 13-54

2. FULL NAME Nicholas Soffos

(a) RESIDENCE NO. 2543 Penna Ave (Ward)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? 32 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Stella Soffos

6 DATE OF BIRTH (month, day, and year) Dec 6-1867

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	—	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Peanut vender
(b) General nature of industry, business, or establishment in which employed (or employer) 045
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Greece

10 NAME OF FATHER George Soffos

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Pindeli Cocles

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Greece

Informant Mrs Stella Soffos
(Address) 2543 Penna. Ave

27 1932 Huntington Williams Registrar

2479.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 32

17
I HEREBY CERTIFY, That I attended deceased from Oct 14th 1932 to Dec 27 1932
that I last saw him alive on Dec 24 1932
and that death occurred, on the date stated above, at 11 00 P.m.

The CAUSE OF DEATH* was as follows:
Cardiac decompensation
general edema Chronic
nephritis.
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Asthma & Bronchitis 10
(duration) — yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? unknown
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Physical Examination

12/26 1932 (Signed) [illegible] M. D.
(Address) 2532 Chestnut Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn — DATE OF BURIAL Dec 27 1932

20 UNDERTAKER Josiah Syfer — ADDRESS [illegible]

M. D. H. 1268-9

85873

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85873

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dawson St. 16-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada Cumper

(a) Residence: No. 1103 Druid Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9 Mar. 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Thomas Cumper

14. BIRTHPLACE (city or town) ... (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) ... (State or country)

17. INFORMANT Thomas Cumper

(Address) 1103 Druid Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 27 1932

19. UNDERTAKER Mrs Katie R Williams

(Address) 3221 Edmondson Ave.

Dec 27 1932 Huntington Williams Not

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-14, 1932 to 12-24, 1932

I last saw her alive on Dec 24, 1932 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12-12-32
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) T. B. Higgins, M. D.

(Address) Provident Hosp

M. D. R. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

L 85874

85874

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 Parkelea St. 20-14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie E. Sunderland

(a) Residence: No. 421 Parkelea St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Leonard H.

6. DATE OF BIRTH (month, day, year) June 11 74

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edwin Lyons

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma J. Lyons

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Lucile E. Sunderland

(Address) 421 Parkelea

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 29 1932

19. UNDERTAKER Edwin Lyons Fisher

(Address) 512 Eutaw St

Huntington Williams Memorial Md

FILED DEC 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1932 to Dec 26, 1932

I last saw her alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung — Date of onset 1932

Other contributory causes of importance:

Name of operation Exploratory Date of Aug 32

What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hoyt Lyons M. D.

(Address) 2200 Eutaw Pl.

M. D. B. 1268-9

85875

HEALTH DEPARTMENT—CITY OF BALTIMORE 85875

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Riverside ave St. 7-4-33 Ward)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William G. Pohler Jr.

(a) Residence: No. 1012 Riverside ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Feb. 14 1929

7. AGE: Years 3 | Months 10 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Wm. G. Pohler

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Elizabeth M. Irwin

16. BIRTHPLACE (city or town) (State or country): Balto Md.

INFORMANT: Mrs. Wm. G. Pohler

(Address) 1012 Riverside ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Dec 27. 1932

UNDERTAKER: Margaret J. Flynn

(Address) 1422 Light St

FILED: 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932, to Dec 24, 1932

I last saw him alive on Dec 24, 1932. Death is said to have occurred on the date stated above, at 4 20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Broncho Pneumonia	3 days
Other contributory causes of importance: 1st + 2nd degree Burns	8 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) G. J. Wrede M. D.

(Address) 1079 Hillsdale Pl

M. D. B. 3268-0

E 85876 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 85876

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md. St. 21-31 Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Manning

(a) Residence: No. 423 W West St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-7-1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milk Laud,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Cayce, S. C.

FATHER

13. NAME David Manning

14. BIRTHPLACE (city or town) (State or country) Cayce, S.C.

MOTHER

15. MAIDEN NAME Annie Kitchen

16. BIRTHPLACE (city or town) (State or country) Cayce S.C

17. INFORMANT Records Balto City Hospitals (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Cemet. Date Dec 27th 19

19. UNDERTAKER E Levy & Wilson (Address) 1000 Pleasant Ave

20. FILED DEC 27 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-32

22. I HEREBY CERTIFY, That I attended deceased from 12-21 19 32 to 12-23 19 32

I last saw him alive on 12-23 19 32 Death is said to have occurred on the date stated above, at 9:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	12-21-32

Other contributory causes of importance:

Uraemia

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

12-24-32 (Signed) Elmer Highbergt M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85877

CERTIFICATE OF DEATH

131 E 85877

Registered No. a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 So Carey St. 18-76 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Flanigan

(a) Residence: No. 11 So Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Thomas E. Flanigan

7. DATE OF BIRTH (month, day, year): Unknown 1860

8. AGE: Years 72; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: -037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): York Pa

13. NAME: Henry Willendorf

14. BIRTHPLACE (city or town) (State or country): York Pa

15. MAIDEN NAME: Elizabeth Glatfelter

16. BIRTHPLACE (city or town) (State or country): York Pa

INFORMANT: Mr Paul R Hallencamp

(Address) 4100 Liberty Ave.

BURIAL, CREMATION, OR REMOVAL.

Place Woodlawn Date 12/28/ 1932

UNDERTAKER: John Cowperthwait & Son

(Address) 901 Madison Ave.

DATE: 12/27/1932 Huntington Wilkinson, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1932 to Dec 25 1932

I last saw h alive on Dec 25 1932 Death is said to have occurred on the date stated above, at 6.10 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset 1931

Other contributory causes of importance:

None

Name of operation No — Date of —

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Huntington Wilkinson, M. D.

(Address) 888 Cathedral St

M. D. B. 1268-9

E 85878

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85878

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp (4-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary L Taylor

(a) Residence: No. 1909 Brunt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (Write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jessie

6b. DATE OF BIRTH (month, day, year): 1867

7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 10

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): St Louis Mo

13. NAME: Louis Tales

14. BIRTHPLACE (city or town) (State or country): 24

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): ...

INFORMANT: Bernard Taylor

(Address): 1909 Brunt

BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Cem Date Dec 27, 1932

UNDERTAKER: Thomas E. Kelson

(Address): 1303 Pressman St

FILED: Dec 27 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Senility	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

M. D. B. 1261-B

E 85879 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85879

CERTIFICATE OF DEATH

Ped 154

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 1 1 - 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Nelson

(a) Residence: No. 232 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/25/21

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. boy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME P. J. Nelson

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME ? Wilson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Date 12/27/ 32

19. UNDERTAKER Mrs. H. Holland
(Address) 1631 Druid Hill Ave

20. FILED ..... 19 ..... Registrar

DEC 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25- 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-20- 1932 to 12-25- 1932

I last saw her alive on 12-25- 1932 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis	
Septicemia - Staphylococcus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John A. Washington M. D.

(Address) John A. Washington

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85880

5880

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. St. Joseph College 20-70 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Burdeman

(a) Residence: No. Frederick Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Nov. 26, 1864

8. AGE: Years: 68 | Months: 1 | Days: 7 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Teaching

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

13. NAME OF FATHER: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mt. St. Joseph College Records
(Address) Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Cem. Date Dec. 28 1932

19. UNDERTAKER: Fred A. Krause & Sons
(Address) 703 S. Hanover St.

20. FILED: Dec 27 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1932 to Dec 26 1932

I last saw him alive on Dec 26 1932 death is said to have occurred on the date stated above, at 10.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis —	
Cardiac Hypertrophy	
Dilatation Heart	
Nephritis Chronic Interstitial	
Arteriosclerosis	
(Other contributory causes of importance)	
Pulmonary Oedema	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Norbert C. Mitch M. D.

(Address) 2151 Wilkens ave

Spec.—2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 85881

E 85881

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1540 Fulton Ave ST. 15-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Miss Birdie Miller

(a) RESIDENCE NO. 1540 Fulton Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. ✓ mos. ✓ ds. How long in U. S., if foreign birth? — yrs. ✓ mos — ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Maiden

DATE OF BIRTH (month, day, and year) Oct 22. 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Seamstress and Matron fed School for Girls

(b) General nature of industry, business, or establishment in which employed (or employer) Montrose

(c) Name of employer Dr. Curia Hearn Smith

BIRTHPLACE (city or town) (State or country) Port Royal Caroline Co. Va.

10 NAME OF FATHER John Henry Miller

11 BIRTHPLACE OF FATHER (city or town) Port Royal (State or country) Caroline Co. Va.

12 MAIDEN NAME OF MOTHER Sarah J. Brooks.

13 BIRTHPLACE OF MOTHER (city or town) Port Royal (State or country) Caroline Co. Va.

Informant Mrs Sallie Durken

(Address) 1040 N. Fulton Ave

Filed ..... 19 ..... Registrar

27 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 27, 1932

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1932, to Dec. 27, 1932, that I last saw her alive on Dec. 26, 1932 and that death occurred, on the date stated above, at 3 a. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) ✓ yrs. ✓ mos. — ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of ✓

Was there an autopsy? No.

What test confirmed diagnosis? Clinical methods

(Signed) George C. Shannon, M. D.

12/29/1932 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Dec. 29 1932

20 UNDERTAKER Joseph H. Cook

ADDRESS 1003 West Baltimore St.

M. D. B. 1268-9

85882 E 85882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 Augusta Ave. St. 10-11 Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Maria Ross Buckey

(a) Residence: No. 426 Augusta Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Jacob Buckey

6. DATE OF BIRTH (month, day, year) February 1, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME Peter John Ross

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Magadelene Knipp

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Isabelle M. Buckey
(Address) 426 Augusta Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Dec. 28, 1932
Frederick, Md.

19. UNDERTAKER Joseph Cook
(Address) 1903 E. Baltimore St.

20. FILED DEC 27 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1931, to Dec 26, 1932

I last saw her alive on Dec 25, 1932 Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Decompensation	Dec 1931
Hypertension	"
Arterio Sclerosis	"

Other contributory causes of importance:

Pneumonia Lobar	Dec 15 1932

Name of operation None Date of .....

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Eliot W. Johnson M. D.

(Address) 3432 Frederick Ave

M. D. B. 1268-9

85883 HEALTH DEPARTMENT—CITY OF BALTIMORE 85883

CERTIFICATE OF DEATH

Registered No. 46

1. PLACE OF DEATH Md General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 16-67 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Helen Burridge

(a) Residence: No. 3003 Druid Park St., ... Ward. ..... (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 16 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Andrew W. Burridge

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Lipes

16. BIRTHPLACE (city or town) Baltimore County (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lawson Dodd & Cook Date Dec. 28 19 32

19. UNDERTAKER Lawson Dodd & Cook
(Address) 1003 E. Baltimore St.

20. FILED DEC 27 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 25 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-8 , 1932 to 12-25 , 1932

I last saw her alive on 12-25 1932 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Carcinoma of Intestine with Metastases to Lungs Pleura - Pericardium & Peritoneum	3-4 yrs
Other contributory causes of importance: Cachexia & Anemia	2 mos

Name of operation Cecostomy Exploratory Date of 12-8-32

What test confirmed diagnosis? Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.

(Address) ..... Md General Hospital

1-30—M. & T.—100 B—50L

E 85884

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85884

CERTIFICATE OF DEATH

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH Pronounced Dead at

CITY OF BALTIMORE: (No. Mercy Hospital ST. 9-46 (WARD)

2-FULL NAME William C. Fensterman

(a) RESIDENCE NO 2621 Kirk ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie A Fensterman

6 DATE OF BIRTH (month, day, and year) May 30 1894

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	6	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Police Officer
(b) General nature of industry, business, or establishment in which employed (or employer) Traffic "
(c) Name of employer Balto City

9 BIRTHPLACE (city or town) (State or country) Balto City

PARENTS

10 NAME OF FATHER Henry Fensterman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto City

12 MAIDEN NAME OF MOTHER Anna L Fahrney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Mrs Jennie A Fensterman

(Address) 2621 Kirk Ave

15 Filed 27 1932 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Dilatation Heart (duration) sudden yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Case

(Signed) James M Stinson, M. D. Coroner

(Address) 700 E Chase, 19 32

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine Park Cem

DATE OF BURIAL Dec 28 1932

20 UNDERTAKER Geo W Little

ADDRESS 2708 Edmondson

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85885

85885

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 1st to Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Arthur Hullett

(a) Residence: No. 617 Linnard St St., Ward. Balto. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hester R. Hullett

7. DATE OF BIRTH (month, day, year) Aug 1 1875

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	57	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hard Wood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME David F Hullett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Rebecca Gillen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs A R Hullett

(Address) 617 Linnard St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date DEC 29 1932 19

19. UNDERTAKER Geo W Little

(Address) 2300 Pennsylvania Ave

DEC 27 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26-1932

22. I HEREBY CERTIFY, That I attended deceased from October 24 1932 to December 26 1932

I last saw h[illegible] alive on December 26 1932. Death is said to have occurred on the date stated above, at 9 50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder with metastasis to liver	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) David Stanford Klopman M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85886

CERTIFICATE OF DEATH

E 85886

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 N. Fremont Ave. St. 4-16 46 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa E. Rose,

(a) Residence: No. 303 N. Fremont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Rose,

7. DATE OF BIRTH (month, day, year) October 10. 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Casper Scheib,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Miller,

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Lewis Rose

(Address) 303 N. Fremont Ave

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date DEC 29 1932 19

UNDERTAKER Geo W. Little

(Address)

FILED DEC 27 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 26 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1932 to Dec 26 1932

I last saw her alive on Dec 25 1932. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	March 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. Billups, M. D.

(Address) 222 W. Monument

M. D. R. 1265-9

85887

HEALTH DEPARTMENT—CITY OF BALTIMORE 85887

CERTIFICATE OF DEATH

91-001

Registered No. 15-68

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2000 N. Smallwood St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

2. FULL NAME Daniel J. Fritz,

(a) Residence: No. 2000 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie B. Fritz.

7. DATE OF BIRTH (month, day, year) February 23. 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 103

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Ludwig Fritz,

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Charles D. Fritz

(Address) 2000 N. Smallwood St.

BURIAL, CREMATION, OR REMOVAL

Place of London Park Date DEC 28 1932 19..

UNDERTAKER Geo. W. Little

(Address) Huntington Mills, Md.

FILED 27 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 25 1932, 19..

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932, to Dec 25, 1932

I last saw him alive on Dec 25, 1932. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	Nov 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? By examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. W. Billups, M. D.

(Address) 222 W. North Ave

AACo. 5-31 250R

35888 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85888

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Mt Holly St. 15-6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rev Wm Schouler

(a) Residence: No. 2809 Mt Holly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sophia B Schouler

7. DATE OF BIRTH (month, day, year): Feb 25 1847

8. AGE: Years: 91 | Months: 10 | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clergyman

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Lexington Mass

13. NAME: Wm Schouler

14. BIRTHPLACE (city or town) (State or country): Scotland

15. MAIDEN NAME: Francis Warren

16. BIRTHPLACE (city or town) (State or country): Mass

17. INFORMANT: Mrs J. Miller

(Address) 2809 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL

Place Elkton Md Date DEC 30 1932 19

19. UNDERTAKER: Robert S Pittle

(Address) 2700 Edmondson Ave

DEC 27 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 1917, 19— to 12-27, 1932

I last saw h— alive on 12-26, 1932 death is said to have occurred on the date stated above, at 4.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility.	
Myocardial degeneration	

Other contributory causes of importance:

Senility.	
Myocardial degeneration	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Charles E Schaeffer M. D.

(Address) 719 Park Ave

Spec.—1-10-21—M&T—1500 Bks.

E 85889 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85889

CERTIFICATE OF DEATH. 107-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore, Md. ST. 600 Tunbridge Rd WARD 27-48)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Katherine Christine Tag

(a) RESIDENCE NO. 600 Tunbridge Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 7 mos. — ds. How long in U. S., if of foreign birth? 48 yrs. 7 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, ~~or divorced~~
(or) WIFE of or Jean Tag

6 DATE OF BIRTH (month, day, and year) April 15, 1848

7 AGE

Years	Months	Days	If LESS than 1 day, 15 hrs. or 8 min.
84	8	10 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Herman Schweinsberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Emma Rapp.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant: Dorothea E. Tag
(Address) 611 Tunbridge Rd.

15 Filed 12 27 1932 16 [redacted] Williams, N.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22 .1932. to Dec. 26 .1932.

that I last saw her alive on Dec. 26 .1932.

and that death occurred, on the date stated above, at 3 05 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) — yrs. — mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. Cole M. D.

12-26, 1932 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: 12 29 1932

20 UNDERTAKER: George Weber & Son — ADDRESS: 2503 Edmondson Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85890 E 85890

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No. 4230

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine E. Fanton

(a) Residence: No. Raspeburg, Balto. Co. Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Fanton

6. DATE OF BIRTH (month, day, year) Feb. 8-1856.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Zauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Fanton

(Address) Raspeburg, Balto Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Dec 29. 1932

19. UNDERTAKER Frederick Lassahn & Son

(Address) 1401 Pleasant St.

Washington Nathaniel, M.D. Registrar

DEC 27 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1932 19 .. to Dec. 27, .. 1932

I last saw her alive on Dec. 27. 1932. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured femur - left	12-21-32
Colles' fracture - left	"
Other contributory causes of importance:	
Bronchio-pneumonia	12-23-32

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12-21. 1932

Where did injury occur? Raspeburg, Balto. Co. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury fell down

Nature of injury fractured femur & colles

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) per Ruth Moore, M. D.

(Address) University Hospital

10—M & T.—100 B—501.

85891

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85891

CERTIFICATE OF DEATH

164-001 20-70

REGISTERED NO. 7

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3413 N. Franklin ST., WARD)

2-FULL NAME Helen E. Holbrook

(a) RESIDENCE NO 3413 N. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND) of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 21, 1911

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	21	0	5	

6 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Bath Paper Co

7 BIRTHPLACE (city or town) (State or country) Vermont

8 NAME OF FATHER Ernest Holbrook

9 BIRTHPLACE OF FATHER (city or town) West Granville (State or country) N.Y.

10 MAIDEN NAME OF MOTHER Celia Bisnett

11 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

Informant Ernest Holbrook

(Address) 3413 N. Franklin St

Filed 1077 Huntington Williams, M.D. Registrar

R. P. I.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suicide by Illuminating Gas from hot water heater

(duration) immediately yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & findings

(Signed) Guy N. Cromwell, M. D., Coroner

12/27 1932 (Address) 703 Patapsco Ave, Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — DATE OF BURIAL 12/29 1932

20 UNDERTAKER Wm Cook — ADDRESS 1217 Eutaw St

AaCo. 5-11 250M

E 85892 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85892

CERTIFICATE OF DEATH

Registered No. 26-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad McQuade

(a) Residence: No. 3302 O'Donnell St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Dec 7, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William McQuade

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Vera Dunn

16. BIRTHPLACE (city or town) (State or country) New York City

17. INFORMANT Mrs William McQuade

(Address) 3302 O'Donnell St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec 28th, 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St.

20. FILED 7-1932 Huntington Williams, M.D. Registrar. P.S.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932 to Dec 26, 1932

I last saw him alive on Dec 26, 1932 death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	12/23
Other contributory causes of importance:	
Lobar pneumonia	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Myron G. Tull, M. D.

(Address) Sydenham Hosp

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85893 E 85893

CERTIFICATE OF DEATH

X 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 DuPont Ave St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joel Carpenter Seward

2-7-56

(a) Residence: No. 3317 DuPont Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie Seward

6. DATE OF BIRTH (month, day, year) June 29 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Solon, Ohio.

13. NAME Joel Seward

14. BIRTHPLACE (city or town) (State or country) Aurora, Ohio.

15. MAIDEN NAME Morgiana Carpenter

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Joseph C. Seward

(Address) 3317 DuPont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12-28 1932

19. UNDERTAKER C. Vernon Lemmon

(Address) 2411 Pitcairn Rd

19 1932 Huntington Williams M.D.

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1 1932 to Dec 26 1932

I last saw him alive on Dec 24 1932 Death is said to have occurred on the date stated above, at 2.15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Unknown
Arteriosclerosis	
Other contributory causes of importance:	
Toxemia	2 Weeks

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Marion P. Hill M. D.

(Address) 4531 Pimlico Rd

M. D. B. 1268-9

85894

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85894

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp. 210-001 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert A. P. Kaun

20-69

(a) Residence: No. 2718 Kinsey Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1, 1912

7. AGE: Years 20 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Md. Casualty Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Frederick Kaun

14. BIRTHPLACE (city or town) (State or country): Balto. Md

15. MAIDEN NAME: Mary Buckheit

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Frederick Kaun

(Address): 2718 Kinsey Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Cem. Date: 12/29. 1932

19. UNDERTAKER: Geo. A. Fahey

(Address): Baltimore, Md.

FILED 7-1077 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 , to , 19

I last saw h alive on Injury, 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	12/24/32
Other contributory causes of importance: Struck by automobile	12/24/32

Name of operation: None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide accident Date of injury 12/24 1932

Where did injury occur? 200 Franklin town Rd nr. Lexington (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury walking in road

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 200 E Madison St

M. D. H. 1268-9

E 85895 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85895

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1816 N Chester St. 8-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50-0-0 yrs. ... mos. ... ds.

2. FULL NAME Josephine Tisin

(a) Residence: No. 1816 N Chester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: August Tisin

6. DATE OF BIRTH (month, day, year): July 19 1852

7. AGE: Years 80 | Months 5 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME OF FATHER: Wm. Westhoff

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Wm. H. H. Tisin (son)

(Address) 3905 White Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date Dec 29, 1932

19. UNDERTAKER: Stewart & Thomas Co

(Address) Baltimore

20. Filed DEC 28 1932 Huntington Williams, M.D. Registrar. 12/27/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27, 32

22. I HEREBY CERTIFY, That I attended deceased from 12/24/32 to 12/27/32, 19 32

I last saw h... alive on 12/26 19 32 Death is said to have occurred on the date stated above, at 1 17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	2 days
Other contributory causes of importance: Chronic Intestinal neglect	8 yrs

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19 ...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place No

Manner of injury No

Nature of Injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) David Miller, M. D.

(Address) 1172 Broadway

12/27

M. D. R. 1365-9

E 85896

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85896

CERTIFICATE OF DEATH

93-003

Registered No. 1336

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Eutaw Place St. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Claflin Audesleys

(a) Residence: No. 1409 Eutaw Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry T. Audesleys

6. DATE OF BIRTH (month, day, year) Sept. 20-1859

7. AGE: Years 73 | Months 3 | Days 6 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): 1920

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country) Calais Maine

13. NAME Charles Frost Smith

14. BIRTHPLACE (city or town) (State or country) Calais Maine

15. MAIDEN NAME Emma Frost

16. BIRTHPLACE (city or town) (State or country) Calais Maine

17. INFORMANT Mrs. F. D. Webb - Ruxton
(Address) Ruxton Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date Dec 28 1932

19. UNDERTAKER Hearn Mortuary Co
(Address) 1201 Park Ave.

Filed DEC 28 1932 Registrar Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932, to Dec-26, 1932

I last saw her alive on Dec. 26, 1932. Death is said to have occurred on the date stated above, at 4.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Terminal	Dec 22, 32.
Other contributory causes of importance: Mitral Condition Chronic	1926.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bruce C. Clarke, M. D.

(Address) LaTrobe Apts, Charles and E

M. D. B. 1268-a

85897

E 85897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Apts. St. 12-50 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

65 8 28

2. FULL NAME Lillie Marlin Phelps

(a) Residence: No. Hopkins Apts St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: William A Phelps

6. DATE OF BIRTH (month, day, year): March 29 1867

7. AGE: Years 65 | Months 8 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): many

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Pulaski or Salem Virginia

13. NAME: Wm. Robt Marlin

14. BIRTHPLACE (city or town) (State or country): Pulaski Virginia

15. MAIDEN NAME: Sallie H. Long

16. BIRTHPLACE (city or town) (State or country): Pulaski Virginia

17. INFORMANT: Mrs Robt B Vickers 3d daughter
(Address) Hopkins Apts- City

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon-Mt Lady Mead Md. 1932

19. UNDERTAKER: Lewis Memorial Co.
(Address) 1224 Linden Ave.

20. FILED 1932 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1932, to Dec 27 1932

I last saw h[er] alive on Dec 26, 1932. Death is said to have occurred on the date stated above, at 5 P.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Chronic myocarditis nephritis	3 years
arteriosclerosis	3 years
Chronic Myocarditis	3 years

Other **contributory causes** of importance:

Uraemia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilson T Bledsoe M. D.

(Address) 6 East Biddle St

M. D. B. 1268-9

E 85898 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85898

CERTIFICATE OF DEATH

59 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 Madison Ave St. 13 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Brown

(a) Residence: No. 2023 Madison Ave St. — Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (last) WIFE of Joseph Brown

6. DATE OF BIRTH (month, day, year) — — 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Joseph Brown

(Address) 2023 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. [illegible] Date 12/20/32, 19

19. UNDERTAKER Wm. H. Holland

(Address) 1631 Druid Hill Ave

20. FILED 1932 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1932 to Dec 25, 1932

I last saw her alive on 12/24/32, 1932 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	6 mo

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Lee [illegible], M. D.

(Address) 924 Madison Ave

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85899 V E 85899

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hosp, St. 46-67 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Rankin

(a) Residence: No. 3019 Druid Park St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 5 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Joseph's Hosp Baltimore Md.

FATHER

13. NAME Carroll S. Rankin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine E. Leister

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. Carroll S. Rankin

(Address) Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Dec 28, 1932

19. UNDERTAKER Edmund W. Conkling

(Address) 2642 Eastern Ave.

Huntington Williams, M.D.
Registrar.

20. FILED DEC 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/23/32, 19.. to 12/27/32, 19..

I last saw h.. alive on 12/27/, 19.32 Death is said to have occurred on the date stated above, at 9:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Rickets

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Albert Kerrigan M. D.

(Address) St Josephs Hosp.

M. D. B. 1268-9

Yetta Zetlin

E 85900 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85900

CERTIFICATE OF DEATH

59 ✓

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3507 Brookfield Ave St. 59 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Yetta Zetlin

(a) Residence: No. 3507 Brookfield ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) M

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Albert Zetlin

6. DATE OF BIRTH (month, day, year) 1875

7. AGE — Years 57 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 0 3/

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Joseph Fell

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Nora

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Albert Zetlin
(Address) 3507 Brookfield

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Cemetery Date 12-28-32

19. UNDERTAKER Jack Levin Inc
(Address) 1739 E. Pratt St

FILED DEC 28 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27- , 1932

22. I HEREBY CERTIFY, That I attended deceased from June 10 , 1932 to Dec 27 , 1932

I last saw h.. alive on Dec 27 , 1932 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch myocarditis	

Other contributory causes of importance:

diabetes	

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. L. Hornstein, M. D.

12/28/32 (Address) 733 Lexington St

M. D. B. 1202-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85901 85901

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. Balto. Jail St. 26-37 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matley Young

(a) Residence: No. Balto. City Hospitals St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1845

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	—	—	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Leland Young

14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Record Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Cem Date Dec 28 32

19. UNDERTAKER Thomas E. Kelson

(Address) 1313 Presstman st

FILED DEC 28 1932 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23, 1932

22. I HEREBY CERTIFY That I attended deceased from 12-16 32, 19..., to 12-23 32, 19...

I last saw h... alive on 12-23, 1932 Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-16-32

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

12-24-32 (Signed) Wm. H. Tilbeck, M.D.

(Address) Balto. City Hospitals

M. D. H. 1268-9

Clarke

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85902

85902

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 14-26 St., Ward)

Registered No. 109-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fanny Clarke

(a) Residence: No. 541 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie Clark

6. DATE OF BIRTH (month, day, year) July 23, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

13. NAME Charles Clark

14. BIRTHPLACE (city or town) (State or country) B. W. D.

15. MAIDEN NAME Jane Cochran

16. BIRTHPLACE (city or town) (State or country) B. W. D.

17. INFORMANT Fannie Clark.
(Address) 541 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Dec. 28, 1932

19. UNDERTAKER Thomas E. Kelson.
(Address) 1305 Presstman St.

20. FILED DEC 28 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932, to Dec 26, 1932

I last saw h— alive on Dec 26, 1932. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2

Other contributory causes of importance:

Postoperative Gastrostomy for carcinoma of stomach

Name of operation Gastrotomy Date of 12/11/32

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Brother Higgins M. D.

(Address) Provident Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85903

5903

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 17-24 St., ... Ward.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Wilson

(a) Residence: No. 1128 Loorn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Alex

6b. DATE OF BIRTH (month, day, year): 1887

7. AGE — Years: 46 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0?0

12. BIRTHPLACE (city or town) (State or country): md

13. NAME: John Wilson

14. BIRTHPLACE (city or town) (State or country): Va md

15. MAIDEN NAME: Mary Wilson

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Agnes Wilson

(Address) 1128 Loorn

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cem Date: Dec 29, 1932

19. UNDERTAKER: Thomas E. Nelson

(Address) 1303 Presstman St

FILED DEC 28 1932, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24th, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) ..... Coroner

M. D. H. 1768-9

85904

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85904

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3625 Fourth St. 25 Ward) Brooklyn Md

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edith G. Bennett

(a) Residence: No. 3625 Fourth St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 19-1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation. 6 yrs

12. BIRTHPLACE (city or town) (State or country) Brooklyn

FATHER

13. NAME David E Bennett

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

MOTHER

15. MAIDEN NAME Laura V. Lowman

16. BIRTHPLACE (city or town) (State or country) Odenton Md

17. INFORMANT Mrs Laura V Bennett
(Address) 3625 Fourth St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cemetery Date Dec 28. 1932

19. UNDERTAKER John F. Denny
(Address) 715 Light St

DEC 28 1932 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1932 to Dec 25 1932

I last saw her alive on 12/28 1932 Death is said to have occurred on the date stated above, at 5.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1918
Other contributory causes of importance:	
Diabetes	

Name of operation None Date of —

What test confirmed diagnosis? X Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X

Manner of injury X X

Nature of Injury X X

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Nina Sands M. D.

(Address) 1340 Charles St

85905 28-9

268055

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85905

CERTIFICATE OF DEATH

X 93-003

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. 27 ds.

2. FULL NAME General John J Carty

(a) Residence: No. Winter Park St., ... Ward. Florida

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marion Carty

6. DATE OF BIRTH (month, day, year) Apr-14-1861

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	71	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Mass

FATHER

13. NAME Henry Carty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Malley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington National Cemetery Date Dec 30 1932

19. UNDERTAKER George J Fuller & Sons

(Address) 1710 Eutaw Pl Huntington W Va

20. FILED DEC 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec-19 1932 to Dec 27 1932

I last saw him alive on Dec 27 1932 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Pneumonia Typ Typus	Dec 27
Myocarditis	1930

Other contributory causes of importance:

Name of operation Removal of Tracheotomy Date of 12/23/32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) ..... M. D.

(Address) .....

Spec.—1-30—M. & T.—250 Blks

E 85906

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85906

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 N. Bethel ST. 8-17 WARD)

2-FULL NAME Annie J. Bunce

(a) RESIDENCE NO. 1523 N. Bethel ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Bunce

6 DATE OF BIRTH (month, day, and year): Apr. 28-1870

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	7	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

037

9 BIRTHPLACE (city or town) New York (State or country) New York

10 NAME OF FATHER Joseph Foshey

11 BIRTHPLACE OF FATHER (city or town) New York (State or country) New York

12 MAIDEN NAME OF MOTHER ---

13 BIRTHPLACE OF MOTHER (city or town) New York (State or country) " "

Informant Ethel Richardson

(Address) 1523 N. Bethel St.

Filed Dec 29 1932 Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27-1932

17 I HEREBY CERTIFY, That I attended deceased from About 1920 to Dec. 27 1932, that I last saw h[illegible] alive on Dec. 15 1932, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Asthma, Bronchial

(duration) 20 yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ---

Did an operation precede death? No Date of ---

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edwin B. Fenby, M. D.

12/27/1932 (Address) 3532 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem.

DATE OF BURIAL 12/30 1932

20 UNDERTAKER George J. Ruth Jr.

ADDRESS 1735 Harford Ave.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85907

CERTIFICATE OF DEATH

E 85907

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Mulliken St., 6-4 Ward) 108 V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John H. Alton

(a) Residence: No. 1504 Mulliken St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Florence Alton

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Looper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Eliza Alton

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT [illegible] (Daughter)
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec. 29, 1932

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 [illegible] St.
[illegible] Washington Boulevard

[illegible] 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 2.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	10 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased .....
If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 √E 85908

Registered No. 27-43

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 Royston Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARIAN HELENE GRILL

(a) Residence: No. 3104 Royston Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - - -

6. DATE OF BIRTH (month, day, year) April 25th 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME C. Franklin Grill

14. BIRTHPLACE (city or town) Baltimore (State or country)

MOTHER

15. MAIDEN NAME Marie Russell

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Mrs. Marie Grill (Mother)
(Address) 3104 Royston Avenue.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date December 29, 19 32

19. UNDERTAKER Henry Sander & Sons, Inc.
(Address) Baltimore St. & Broadway.

DEC 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, ~~year~~) December 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1932 to Dec. 26, 1932

I last saw her alive on Dec. 26, 1932 Death is said to have occurred on the date stated above, at 8.00 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Broncho Pneumonia (Primary)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Eugene L. Barragno M. D.

(Address) 5-9 Dancy Place

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85909

CERTIFICATE OF DEATH

123 ✓ E 85909

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital ? St. 3-56 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Haas

(a) Residence: No. Majestic Apts. St., 912 Brookfield Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Haas

6. DATE OF BIRTH (month, day, year) May 29, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) 0 4 5

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Moses Haas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Babette Hymans

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. M. Haas

(Address) Majestic Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balt. Hebr. Cem. Date 12/28/ 1932

19. UNDERTAKER Baird Sondheim & Son

(Address) 1902 Eutaw Place

FD 98 1077 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1932 to Dec 26 1932

I last saw h(im) alive on Dec 26 1932 Death is said to have occurred on the date stated above, at 9 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Left Pyonephrosis	Weeks
(2) Acute Anemia	1 wk
Other contributory causes of importance:	
(1) Cardiac Decompensation	1 wk
(2) Bronchopneumonia	24 hrs

Name of operation Nephrotomy Date of 11-8-32

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Benj. A. Gelsthorpe M. D.

(Address) 836 Med Certs Bldg

M. D. B. 1268-9

E 85910

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85910

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mt Hope Hosp. (Street) 26-2 (Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jas Cullen Jr.

(a) Residence: No. 207 S. Stanton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Florita Cullen

6. DATE OF BIRTH (month, day, year) Mar 15 1890

7. AGE Years 62 Months 9 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter, C15

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

13. NAME Jas Cullen Jr.

14. BIRTHPLACE (city or town) (State or country) Kent Co Md

15. MAIDEN NAME Mary Schuyler

16. BIRTHPLACE (city or town) (State or country) Kent Co

17. INFORMANT Mrs Lavada

(Address) 207 S Stanton

18. BURIAL, CREMATION, OR REMOVAL Victory Gard Cemetery

Place Rock Hall Md Date Dec 29. 1932

19. UNDERTAKER Henry Lutz

(Address) 243 N Broadway Middletown, Md

DEC 28 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 to Dec 26 1932

last saw h alive on Dec 19 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull & Meningitis. Date of Onset

Other contributory causes of importance:

Fall from Saddle

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to External causes (Violence), state in also the following:

Accident, suicide, or homicide? Fracture Injury 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Lutz M. D.

Coroner

(Address)

Cor.—10-10-29—A Co.—100 Bks.

E 85911

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85911

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 229 Ellamont St. 20-70 (Ward)

2-FULL NAME Alexander L. Jones Jr.

(a) RESIDENCE NO. 229 Ellamont St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3/12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 6 1932

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	3	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Alexander L. Jones
11 BIRTHPLACE OF FATHER (city or town) Balto.
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Ida Barnes
13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Alexander L. Jones Jr.
(Address) 229 Ellamont St

Filed Dec 28 1932 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia

(duration) 1 yrs. mos. 14 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Guy H. Winbell M. D.

12/27 1932 (Address) 203 Clapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Westen Star Cemetery	Dec 29 1932
20 UNDERTAKER	ADDRESS
Joseph A Lively	4097 N. Fremont Ave

M. D. B. 1268-9

E 85912

85912 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 N. Gilmor St. 8-17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Johnson

(a) Residence: No. 1617 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaiah Johnson

6. DATE OF BIRTH (month, day, year) May 12, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 87	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harford Co (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry Johnson (Address) 1617 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Dec 27, 1932

19. UNDERTAKER Wm. R. Elliott (Address) 1129 N. Carolina

Filed Dec 28 1932 Registrar.

28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26 1932

22. I HEREBY CERTIFY, That I attended deceased from June ? 1930 to Dec. 26 1932

I last saw her alive on Dec 23 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	6/30
Other contributory causes of importance:	
Chr. Interstitial Nephritis	?

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin Blue Compte M. D.

(Address) 1113 N Carolina St.

-30—M. & T.—100 B—50L

E 85913.

85913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 210 Franklintown Road ST. 28-71 WARD)

2-FULL NAME John J. Kelly Jr.

(a) RESIDENCE NO 511 Woodside Road ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. --- mos. -- ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Smith

DATE OF BIRTH (month, day, and year) -2-?-1878

AGE	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
	54	---	---	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work President 1st
(b) General nature of industry, business, or establishment in which employed (or employer) National Bldg.
(c) Name of employer Supply Co.

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

10 NAME OF FATHER John J. Kelly

11 BIRTHPLACE OF FATHER (city or town) ------
(State or country) Ireland

12 MAIDEN NAME OF MOTHER Hettie E. Armstrong

13 BIRTHPLACE OF MOTHER (city or town) Balto. Co.
(State or country) Maryland

Informant Mrs. Bessie S. Kelly
(Address) 511 Woodside Road

Filed ..... 1932 Huntington Williams, Registrar

12 28 1932

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

THE CAUSE OF DEATH was as follows:*

Cerebral Embolism

suddenly (duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of .....

Was there an autopsy? Not

What test confirmed diagnosis? Physical signs

(Signed) Guy U. Cromwell M. D., Coroner

12/28 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 12/30 1932

20 UNDERTAKER Henry U. Mears & Sons

ADDRESS 806 N. Calvert

85914

✓ E 85914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2445 N. Charles St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Davis Corcoran

(a) Residence: No. 2445 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John S. Corcoran

6. DATE OF BIRTH (month, day, year) ---

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George W. Davis

14. BIRTHPLACE (city or town) ---
(State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen Corcoran

16. BIRTHPLACE (city or town) ---
(State or country) Maryland

17. INFORMANT John S. Corcoran
(Address) 2445 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/30 19 32

19. UNDERTAKER Kenney Bros. Mears and Lowe
(Address) 805 N. Calvert Street

20. FILED ... 19 ... Registrar.

12/28/1932 Hearing in Portsmouth, Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 32

I HEREBY CERTIFY, That I attended deceased from Dec 21 32 to Dec 27 32

I last saw h[illegible] alive on Dec 27 32 Death is said to have occurred on the date stated above, at 2.45 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy.

Date of onset

Other contributory causes of importance:

Arteriosclerosis & hypertension.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Fitzpatrick M. D.

(Address) 1337 E. Chase St.

M. D. B. 1268-9

85915 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85915

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH dead on arrival

CITY OF BALTIMORE: (No. Hopkins Hospital St. 10-14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clifford Sanders

(a) Residence: No. 810 Somereset St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30/29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Walter Sanders

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Jennet Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter Sanders
(Address) 810 Somerset St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 12/28, 1932

19. UNDERTAKER Raynor Sanders
(Address) 1413 E. Preston St.

20. FILED DEC 28 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24/32, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably lobar Pneumonia 3 ds	12/24

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. S. Gibson, M. D.
Coroner

(Address) 508 E Madison

E 85916

Spec. Bul. 89 I. P. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85916

CERTIFICATE OF DEATH

23

1—PLACE OF DEATH

REGISTERED NO. 28-65

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 316 Lanvale Ave ST. 28 WARD

2—FULL NAME J. Charles Cook

(a) RESIDENCE NO. 316 Lanvale Ave E ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Wht.	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mrs Cora L Cook

6 DATE OF BIRTH (month, day, and year) July 15 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Pt. Postal Clerk 609

(b) General nature of industry, business, or establishment in which employed (or employer) P.O. Stamp Clerk

(c) Name of employer U. S.

9 BIRTHPLACE (city or town) Bath

(State or country) Md

10 NAME OF FATHER Jno L. Cook

11 BIRTHPLACE OF FATHER (city or town) Bath

(State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Hamilton

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Mrs. J. C. Cook

(Address) 316 Lanvale Ave E

15 Filed DEC 28 1932 Hunting Park Philadelphia Pa

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 27 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1932, to Dec 27, 1932, that I last saw h~~im~~ alive on Dec 27th, 1932 (4:40 P) and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchial Coll.

Old T.B. Lung (20 yrs)

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Oedema of Lungs

(duration) yrs. mos. 3 ds.

18 Where was disease contrarted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visible

(Signed) Edw Smith, M. D.

12/28/1932 (Address) 1645 N. York Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL Dec 29 1932

20 UNDERTAKER L. J. Jackson & Sons

ADDRESS Town

M. D. B. 1268-9

E 85917

E 85917 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 46
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., Z - Ward)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME George W. Baitzel

(a) Residence: No. 804 South Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Unknown

6. DATE OF BIRTH (month, day, year) Dec. 9, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Newark N. J.

FATHER

13. NAME George W. Baitzel

14. BIRTHPLACE (city or town) (State or country) New York City

MOTHER

15. MAIDEN NAME Margaret Baron

16. BIRTHPLACE (city or town) (State or country) Philadelphia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Druid Hill Date 12/28, 1932

19. UNDERTAKER John F. Fleig & Son
(Address) 1311 Light St.

20. FILED DEC 28 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1932 to Dec 26, 1932

I last saw him alive on Dec 25, 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	?
Arteriosclerosis general	?
Bronchopneumonia	Dec. 24 1932

Other contributory causes of importance:

Name of operation Colostomy Date of 9/14/32

What test confirmed diagnosis? Proctoscopy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Ann Bruce Schuyler M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

E 85918

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85918

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp. 93-003

CITY OF BALTIMORE: (No. ..... St. 26-37 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Margaret Punte

(a) Residence: No. 6700 Eastern Ave., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Casper Punte.

6. DATE OF BIRTH (month, day, year): May 22 1874.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: William Leonbeck

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Minnie Bertmeier

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Magdaline Schmidt

(Address) 6700 Eastern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Dec. 30, 1932

19. UNDERTAKER: Lilly & Feiser Inc.

(Address) 407 S. Howard St.

Filed DEC 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/17, 1932 to 12/26, 1932

I last saw her alive on 12/26, 1932. Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	
Embolus (Cerebral)	

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. E. Faust M. D.

(Address) Md. General Hospital

Cor.—10-10-29—A Co.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85919

CERTIFICATE OF DEATH

63 E 85919

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1536 W. Lexington St. Ward) 19-27

2-FULL NAME John Lester Jackson Jr.

(a) RESIDENCE NO. 1536 W. Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	Colored	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 30, 1932

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
	1	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER John Lester Jackson
11 BIRTHPLACE OF FATHER (city or town) Jacksonville
(State or country) Florida
12 MAIDEN NAME OF MOTHER Martha Patterson
13 BIRTHPLACE OF MOTHER (city or town) Balto.
(State or country) Maryland

14 Informant Martha V. Jackson
(Address) 1536 W. Lexington St.

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry. (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malnutrition

(duration) yrs. 1 mos. 26 ds.

CONTRIBUTORY (Secondary) Rickets

(duration) yrs. 1 mos. 26 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? (Physical Signs & History)

(Signed) Guy H. [illegible] M. D.

12/27/1932 (Address) 703 Patapsco Ave Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel of Md

DATE OF BURIAL Dec 28 19 32

20 UNDERTAKER Commissioner Health

ADDRESS

Important. See instructions on back of certificate.

1932 760L

Dep. Wm. F. WOEBEL

M. D. H. 1268-9

Konopka ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

85920

E 85920

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md St. 5-4 Ward)

Length of residence in city or town where death occur. d. ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph T. Konopka — Teophil J. Konopka EHD.

(a) Residence: No. 109 Aisquith St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Katie —

6. DATE OF BIRTH (month, day, year): ? ? ? ?

7. AGE: Years 59 (57) | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): —
11. Total time (years) spent in this occupation: —

040

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: John Konopka
14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Francis
16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Record Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL. Place Erie P.a. Date Dec 28 1932

19. UNDERTAKER (Address): John C. Miller 2435 E. Oliver St

20. FILED Huntington Williams, M.D. 12-28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-25-32

22. I HEREBY CERTIFY, That I attended deceased from 12-27 1932 to 12-25 1932

I last saw h. alive on 12-25-1932 Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-16-32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If yes, give date

12-26-32 (Signed) Elmer Richter M.D.

(Address) Balto. City Hospitals

E

Instructions in this pamphlet. See instructions on back of certificate.

M. D. B. 1268-9

E 85921

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85921

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital 4-37 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Kane

(a) Residence: No. City Hospital St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	71		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland
(State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Miss Brown
(Address) Balto City Home

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Date Dec. 29 1932

19. UNDERTAKER John C. Miller
(Address) 2725 E. Oliver St

DEC 28 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Other contributory causes of importance: Accidental Fractured Tibia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 12/23, 1932

Where did injury occur? City Hosp.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell off chair

Nature of injury Fractured R Tibia

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) B. Brightman, M. D.
Coroner

(Address) 1303 N Patterson Park Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85922 E 85922

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen Hosp (St.) 5-68 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence M Hooper

(a) Residence: No. 2149 W Mtb Pl., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. Color or Race White | 5. Single, Married, Widowed or Divorced (write the word) Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robt J. Hooper

6. DATE OF BIRTH (month, day, year) July 11-1886

7. AGE Years 44 | Months 5 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robt Clayton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Howe

16. BIRTHPLACE (City or town) (State or country) Balto Eng

17. INFORMANT Robt J Hooper

(Address) 2149 W Mtb Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/30 1932

19. UNDERTAKER Harry H. Entzian

(Address) 1616 Eutaw Place

DEC 28 1932 Huntington Ave Balto Md

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.....

I last saw h alive on ..... 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Few hours

Date of onset

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Leuck Coroner, M. D.

(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

85923

E 85923

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 East 20th St., 9-46 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella E Nestor

(a) Residence: No. 920 East 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wht	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Nestor

6. DATE OF BIRTH (month, day, year) July 9 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Lanahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Stanton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Edna E Nestor

(Address) 920 E 20th St

18. BURIAL, CREMATION, OR REMOVAL

Name Mt Calvary Date 12-29 1932

19. UNDERTAKER Wm Cook & Son

(Address) 920 E 20th St

Huntington Williams Reg. No.

DEC 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec ... 19 32 to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. B. 1208-9

85924

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85924

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3123 Chestnut Ave 43-52 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Fair.

(a) Residence: No. 3123 Chestnut Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace E. Fair.

6. DATE OF BIRTH (month, day, year) Sept 9, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62		17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Lucien Fair.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Grace E. Fair.

(Address) 3123 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Date Dec 29. 1932

19. UNDERTAKER Thompson-Lee.

(Address) 3615-17 Chestnut Ave.

20. FILED Huntington Williams, M.D. Registrar.

DEC 8 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Dec 26, 1932

I last saw him alive on Dec 26, 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approximate)
Chronic Myocarditis	" "
Chronic Nephritis	" "
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Wilson M. D.

(Address) 848 N 36th St

M. D. B. 1268-9

E 85925

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85925

CERTIFICATE OF DEATH

11-001

Registered No. 13-536

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3321 Falls Road St., Ward)

Length of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah Sprinkle

(a) Residence: No. 3321 Falls Roads St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Sprinkle

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME George Groff

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Lydia Hilderbrandle

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT George Sprinkle

(Address) 3321 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Hampden Date Dec 29 1932

19. UNDERTAKER C Kenworthy Son

(Address) 3615-17 Eastern Ave

Huntington Williams, N.D. Registrar.

DEC 28 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1932, to Dec 27 1932

I last saw h alive on Dec 26 1932 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Dec 26 32
Other contributory causes of importance:	
Jaundice toxic acute	
Bronchitis	12/22/32

Name of operation no Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Thomas Sprinkle M. D.

(Address) 3321 Falls Road

M. D. B. 1268-9

E 85926

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85926

CERTIFICATE OF DEATH

53

Registered No. 19953

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Keswick Road Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Wilson.

(a) Residence: No. 3409 Keswick Road. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter W. Wilson

6. DATE OF BIRTH (month, day, year): Aug 5, 1854.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): md.

FATHER

13. NAME: Unknown.

14. BIRTHPLACE (city or town) (State or country): Unknown.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Howard M. Chaney.

(Address) 3409 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL: St. Mary's Hampden Date Dec 30, 1932

19. UNDERTAKER: H. Thompson Son

(Address) 3615-17 Chestnut Ave

DEC 28 1932 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 5 1932 to Dec 28 1932

I last saw her alive on Dec 28 1932 Death is said to have occurred on the date stated above, at 12:05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder	
Other contributory causes of importance:	
Secondary Anemia	Sept 192

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. H. Wilson M. D.

(Address)

M. D. B. 1268-0

85927

E 85927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 W. Broadway St., 8-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph F. Ogle.

(a) Residence No. 1302 W. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 5-1875

7. AGE Years	Months	Days 21	If LESS than 1 day, ... hrs. or ..... min.
57	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Francis . Ogle.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ellen Hartman

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Margaret Brokenbrough
(Address) 1302 W. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Dec 29 1932

19. UNDERTAKER John J. Gill Sons
(Address) 1001 E. Baltimore St.

29 1932 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24-1932, 19..... to Dec. 26-1932, 19.....

I last saw him alive on Dec. 26-1932, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-24
Other contributory causes of importance:	
acute cardiac dilatation	12-25

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) William J. Rydaneck M.D.

(Address) 801 N. Kenwood Avenue

M. D. B. 1268-9

E 85928

85928 HEALTH DEPARTMENT—CITY OF BALTIMORE

48 v

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6420 Rosemont Ave 27-42 Ward 27)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Augusta S. Batz

(a) Residence: No. 6420 Rosemont Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rev. Wm. P. Batz

6. DATE OF BIRTH (month, day, year) April 27-1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	8	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Eigenmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Hilda Batz

(Address) 6420 Rosemont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 30, 1932

19. UNDERTAKER Geo. W. Zirkler

(Address) 1737 E. Lafayette

Filed 29 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27 32 to Dec 27, 1932.

I last saw h alive on Dec 27, 1932. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1931
Other contributory causes of importance	
Melancholia	6 mos

Name of operation ——— Date of .....

What test confirmed diagnosis? ——— Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. S. Gray, M. D.

(Address) 6420 Rosemont Ave

M. D. H. 1268-9

85929 **HEALTH DEPARTMENT—CITY OF BALTIMORE** L 85929

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals V 35 — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17-W Ward)

Length of residence in city or town where death occurred 18 yrs. 3 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Johnson

(a) Residence: No. 1538 George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Negro	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Sept 21-914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wesley Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mabel Scott

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION OR REMOVAL Mt. Auburn Nov 30 1932
Place

19. UNDERTAKER Edward Fitzgerald
(Address) 1303 Pennsylvania Ave

DEC 28 1932
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-4-1932 to 12-27-1932

I last saw her alive on 12-27-1932 Death is said to have occurred on the date stated above, at 9:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Tubo-Ovarian abscess	10-1-32
Intestinal obstruction	12-23
Other contributory causes of importance: Myocarditis, Fulminating Pyelonephritis	10-1-32

Name of operation Hysterectomy, Enterotomy Date of 12-23-32

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Bruce Schaffer M. D.

(Address) Balto City Hospitals

M. D. R. 1268-9

E 85930

85930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Jail St. 12-27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Dietz

(a) Residence: No. No home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of [redacted]

6. DATE OF BIRTH (month, day, year) Aug 7. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Valentine Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Resd. Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cemetery Date Dec 30? 1932

19. UNDERTAKER Penna. Funeral Co.

(Address) 1238 N. Broadway

20. FILED Dec 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-21 1932 to 12-27 1932

I last saw him alive on 12-27 1932 Death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into Cerebrum	12-20-32

Other contributory causes of importance:

Fever	

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

12-28-32 (Signed) Elmer Kirkbride M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

85931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131 E 85931

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Dunmore St. 15-22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Esther Green

(a) Residence: No. 1351 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or .....min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 80

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) —
(State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Alberta Green
(Address) 1409 Greenmount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 29, 1932

19. UNDERTAKER V. G. Brooks
(Address) 1463 N. Carey St

20. FILED [illegible] 1932 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1932 to 12-25, 1932

I last saw h alive on 12-25, 1932. Death is said to have occurred on the date stated above, at 1.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12-24-32

Other contributory causes of importance:

Hypertension Cardio-Vascular Renal

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. B. Higgins, M. D.

(Address) Provident Hospital

E 85932

85932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 224 S Caroline St 3-4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Mendelsohn or Mandelstam

(a) Residence: No. 224 S Caroline St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry.

6. DATE OF BIRTH (month, day, year) 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Blum

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Blum

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benj Mendelsohn
(Address) 224 S Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rivedale Date Dec 29. 1932

19. UNDERTAKER L Lerman Bro
(Address) 1125 E Baltimore St.

DEC 29 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1932 to Dec 28 1932

I last saw her alive on Dec 28 1932 Death is said to have occurred on the date stated above, at 9 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Cerebral Apoplexy	Dec 26
Other contributory causes of importance:	
Bronchopneumonia	Dec 27

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jacob Cohen M. D.

(Address) 2235 E Broadway

M. D. B. 1268-9

85933

HEALTH DEPARTMENT—CITY OF BALTIMORE

85933

CERTIFICATE OF DEATH

122-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antone Silver

(a) Residence: No. 615 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Mollie Silver

6. DATE OF BIRTH (month, day, year) June 3 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	24.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portugal

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mollie Silver
(Address) 615 Sterling

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date 12/31 1932

19. UNDERTAKER Samuel T. Hemsley
(Address) 527 Baltimore St. Huntington Wallace, Inc.

20. FILED JAN 2 1933 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 1.45 P. M.

The principal cause of death and related causes of importance were as follows: Date of onset

1 Strangulated Rt Inguinal Hernia

Volvulus

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos H Baer M. D.
Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

E 85934

85934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 115-001

1-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp St. ..... Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edith Svoboda

(a) Residence: No. 918 N Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Frank Svoboda

6. DATE OF BIRTH (month, day, year) Unknown 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Clark

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frank Svoboda

(Address) 918 N Chapel St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 31 1932

19. UNDERTAKER Frank Grotch & Son

(Address) 1906 Edmondson Ave

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932, to Dec 28, 1932

I last saw h 2 alive on Dec 28, 1932. Death is said to have occurred on the date stated above, at 9.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardio Vascular disease	1930
Pulmonary Embolus	1932

Other contributory causes of importance:

Pleural Effusion Right Base	
Hypertrophied Tonsils	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert Kennedy, M. D.

(Address) St Josephs Hosp.

DEC 29 1932

M. D. B. 1268-9

85935

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85935

v 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 2-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Life

2. FULL NAME Louis W. Klein

(a) Residence: No. 1735 Hunt Court Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 25 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	62	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Christopher Klein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Habbig

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Dec 30 1932

19. UNDERTAKER John Ulrich

(Address) 2006 Pleasant

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27- 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-29 1931 to 12-27 1932

I last saw him alive on 12-27 1932 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis chronic	?

Other contributory causes of importance:

Uremia	?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

12-28-32 (Signed) Elmer Highbarger M. D.

(Address) Balto. City Hospitals

Instructions on back of certificate.

M. D. B. 1268-9

E 85936

HEALTH DEPARTMENT—CITY OF BALTIMORE

85936

CERTIFICATE OF DEATH

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N. Chapelgate Lane St., 28-7 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Jacob Weinberg

(a) Residence: No. 600 N. Chapelgate Lane St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of — Leah Weinberg

6. DATE OF BIRTH (month, day, year) 1838 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	94			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis Inc. (Address) 1439 E. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL Pikesville Jewish Cem. Date 12-29-32

19. UNDERTAKER Jack Lewis Inc (Address) 1439 E. Eutaw St.

20. FILED ___ 19___ ___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-1-31 to Dec. 28 1932

I last saw him alive on December 2 1932 Death is said to have occurred on the date stated above, at 3:15 A. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation — Date of onset ?

Other contributory causes of importance:

Arteriosclerosis — ?

Chronic Brights Disease — ?

Name of operation Clemins Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19___

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Worthington Fort, M. D.

(Address) 202 E. Preston St

M. D. B. 1268-9

E 85937

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85937

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-15 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Sadie Buchman

(a) Residence: No. 5018 Palmer Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Morris Buchman

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca -------

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis Inc

(Address) 1439 E. Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL Lebanon Memorial Park Date ... 19 32

19. UNDERTAKER Jack Lewis

(Address) 1737 E Baltimore St.

FILED ... 19 29 1932 Washington Williams, N.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 12.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 week
Other contributory causes of importance: Diabetic Coma	7 hrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) I. Kl... Coroner, M. D.

(Address) 508 E Monu...

Cor.—10-10-29—A Co.—100 Bks.

85938

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85938

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) St. Agnes Hospital St., 70-69 Ward)

2-FULL NAME Sarah Wentzel

(a) RESIDENCE NO. 25-30 W. Fayette St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) ? ? 1860?

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	72	2	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Frederick Co.
(State or country) Maryland

PARENTS

10 NAME OF FATHER Joseph Schultz
11 BIRTHPLACE OF FATHER (city or town) Fred. Co.
(State or country) Md
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) Fred. Co.
(State or country) Md.

14 Informant John E. Evans
(Address) 3214 Quigley St.

15 Filed 12-29-1932 Huntington Willis Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29 1932

17 I HEREBY CERTIFY, That I took charge of the remains deserihed above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidenee obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Bilateral broncho-pneumonia

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) unknown yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical (Signs)

(Signed) Guy N. Cromwell M. D.

12/29 1932 (Address) 203 Patapsco Ave. Brooklyn

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Md

DATE OF BURIAL Dec 29 1932

20 UNDERTAKER Jesse R. Darley

ADDRESS Baltimore Md

Important: See instructions on back of certificate.

M. D. B. 1268-9

85939 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85939

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2 E Baker St. 16-27 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Matilda Allen

(a) Residence: No. 603 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Frank Allen

6. DATE OF BIRTH (month, day, year) 1865

7. AGE: Years 67; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Cyprian Lanyon
14. BIRTHPLACE (city or town) (State or country) Strongtown Pa

MOTHER
15. MAIDEN NAME Elizabeth Frisby
16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Wilmer W. Bannon
(Address) 2104 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Dec 29 1932

19. UNDERTAKER John C Mitchell & Son
(Address) 1400 Eutaw

Dec 29 1932 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 , 19 , to , 19 ..

I last saw h alive on Dec 27 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hunter Williams M. D. Coroner

(Address) 1 E Pleasant

M. D. B. 1268-9

E 85940 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85940

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 S. Dean St., 16-37 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Wich

(a) Residence: No. 702 S. Dean St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John G. Wich

6. DATE OF BIRTH (month, day, year) Apr 1-59

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Hahn

14. BIRTHPLACE (city or town) (State or country) Ger

MOTHER

15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT John G. Wich
(Address) 702 S. Dean

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 12/30/32

19. UNDERTAKER Philip Hennig
(Address) 526 S Arlington

20. FILED ... Registrar.

29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27/32

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1932 to Dec 27- 1932

I last saw h[illegible] alive on Dec 27- 1932 Death is said to have occurred on the date stated above, at 10 30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1932
Cerebral Embolism	1932
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Edward J. Kaufman M. D.

(Address) 3507 Frederick Ave

AaCo. 5-31 250B

85941 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85941

121

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. S. Balto General Hosp St. 6-9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Frank E. Schneider

(a) Residence: No. 413 N. Castle (Castle) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 8 86

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto City
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept, 32
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Wm Schneider

14. BIRTHPLACE (city or town) (State or country) Balto City

MOTHER

15. MAIDEN NAME Louise Kerner

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Sophia Haeffner
(Address) 413 N. Castle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date 12/31/32

19. UNDERTAKER Philip Herwig
(Address) 2016 E. Oliver St.

Filed Dec 31 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/15/32, 19..., to 12/27, 1932
I last saw h.. alive on 12/27 1932 death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous appendicitis with peritonitis	12/13/32
Other contributory causes of importance: Right lobar Pneumonia Chronic Myocarditis	

Name of operation Appendectomy Date of 12/15/32
What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Muller, M. D.
(Address) S. Balto General Hospital

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85942

E 85942

34

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) (Ward) 13

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sidney Morton

(a) Residence: No. 611 N. Dallas St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	colored	Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Martin

6. DATE OF BIRTH (month, day, year) 8/25/1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coalblacks do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Howard Morton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Estelle Morton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Estella Brown

(Address) 611 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Calvary Date 12/29/32

19. UNDERTAKER Mead Funeral Service

(Address) 1700 Pennsylvania Ave

DEC 29 1932

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/12, 1932, to 12/25, 1932

I last saw h. m alive on 12/25, 1932. Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Cardio - respiratory failure

Date of onset

Other contributory causes of importance:

General paralysis

Name of operation none Date of .....

What test confirmed diagnosis? Vans. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? none Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Henry Fredonwit M. D.

(Address) C. C. Hospitals

M. D. H. 1768-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85943

85943

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 S. Highland Ave. 16-1 (Ward)

Length of residence in city or town where death occurred About 60yrs. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HENRY FAULSTICH

(a) Residence: No. 706 (Usual place of abode) S. Highland Ave., St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Faulstich.

6. DATE OF BIRTH (month, day, year) Sept. 16 1854.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Had Own Bakery.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME ? Faulstich.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Carrie Faulstich (daughter)

(Address) 706 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec. 30 1932

19. UNDERTAKER Lilly & Leibe & Inc.

(Address) 403 S. Wolfe St.

20. Filed DEC 29 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1932 to Dec 27 1932

I last saw him alive on Dec 27 1932 Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - Chr Nephritis	1932
Uremia - due to Chronic	
Suppression	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arnold Kirchman M. D.

(Address) 3507 Fait Ave

Spec.—1-12-33—M&T—500 Blks.

E 85944 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 85944

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 127 W. Hamburg ST. 23-31 (WARD)

2-FULL NAME J. George Muller

(a) RESIDENCE NO. 127 W. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 15 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	5	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (City or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER John G. Muller

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germy

12 MAIDEN NAME OF MOTHER Katherine Hentz

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germy

14 Informant (Address) Katherine Muller 127 W. Hamburg St.

15 Filed 19 Huntington Williams N.Y.

DEC 29 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 26 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 30, 1931, to Dec 26, 1932, that I last saw him alive on Dec 26, 1932, and that death occurred, on the date stated above, at 4.30 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chronic Bright's Disease

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. F. Weide, M. D.

12/27 1932 (Address) 1279 Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Dec 29 1932

20 UNDERTAKER C. Schlosman & Son — ADDRESS 1039 Lanvale

M. D. B. 1268-9

E 85945

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85945

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Fairmount St. 18-16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Queen

(a) Residence: No. 904 Fairmount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24/32

7. AGE	Years	Months	Days	If LESS than 1 day 16 hrs. or 35 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Queen

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Pearl Harris

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT ... Mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 29 ... 1932

19. UNDERTAKER ...
(Address)

29 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Dec 25, 1932
I last saw her alive on Dec 24, 1932 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Premature Twin	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Edward Williams M. D.

(Address) University Hospital

M. D. R. 1268-9

E 85946

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85946

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 18-16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lottie Day

(a) Residence: No. 1205 W. Lexington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

5a. If married, widowed, or divorced ~~HUSBAND of~~ WIFE of Wm Day.

6. DATE OF BIRTH (month, day, year) Oct 25, 1885.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Charwoman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Camden, S.C.

FATHER

13. NAME Daniel (?)

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Maddie Helena

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec. 29, 1932

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED DEC 29 1932 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1932 to Dec 25 1932

I last saw h in alive on Dec 25 1932 Death is said to have occurred on the date stated above, at 11.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1931.
Syphilis, latent -	Unk.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clin, Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Stone M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

E 85947

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85947

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Isabelle

(a) Residence: No. 302 N. Calhoun St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Isabelle

6. DATE OF BIRTH (month, day, year) June 17, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc...

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alexander Isabelle

(Address) 714 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 12/30, 1932

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 3 [illegible] Broadway

20. FILED 1932 Mrs. Katie R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1932 to Dec. 25, 1932

I last saw h alive on Dec. 25, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism following Fractured right femur	12/25/32

Other contributory causes of importance:

Struck by automobile	12/25/32

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/25, 1932

Where did injury occur? Penna Ave & Laurens St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking across Street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Fahrney M. D.

Coroner

(Address) 2806 E. Monument St

Spec.—9-30—A. & Co.—250 Blks.

✓ E 85948

E 85948 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

82-001

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 719 Harlem Ave ST. WARD 26

2-FULL NAME Lucy F. Coston

(a) RESIDENCE NO. 719 Harlem Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col.	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Coston

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 70

(b) General nature of industry, business, or establishment in which employed (or employer) General Housework

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Texas

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Texas

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Texas

14 Informant (Address) Josephine Handy 719 Harlem Ave

15 Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-32

17 I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1932, to Dec. 26, 1932

that I last saw her alive on Dec. 25, 1932

and that death occurred, on the date stated above, at 4:00 P.M.

The CAUSE OF DEATH* was as follows:

Paralysis (duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Confining M. D.

19 (Address) 1012 W. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Snow Hill, Md.

DATE OF BURIAL Dec 30 1932

20 UNDERTAKER Mrs. Katie R. Wilkins

ADDRESS 3224 Edmondson St.

M. D. H. 1268-9

E 85949 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85949

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 841 W. Franklin St. 18-76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Ross Williams

(a) Residence: No. 841 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Williams

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Brown

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Grace Boots

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sarah Brown

(Address) 841 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Dec. 31, 1932

19. UNDERTAKER Mrs Katie R. Williams

(Address) 3729 Edmondson Ave.

20. FILED , 19 Registrar.

DEC 29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur Fillyaw, M. D.
Coroner

(Address) 2759 Eastern Ave

AaCo. 5-31 250B

E 8595 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85950

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 733 Eisler St., 22-30 Ward)

Length of residence in city or town where death occurred 61 yrs. 9 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Robinson

(a) Residence: No. 733 Eisler St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. Robinson

6. DATE OF BIRTH (month, day, year) Mar 27 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Robinson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nancy Bush

16. BIRTHPLACE (city or town) (State or country) New Orleans La

17. INFORMANT Nancy Washington
(Address) 733 Eisler

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 29 1932

19. UNDERTAKER Mrs Katie R Williams
(Address) 332 E Schroeder St.

20. FILED Dec 29 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1932 to Dec 27 1932

I last saw her alive on Dec 21 1932 death is said to have occurred on the date stated above, at 6.55 pm

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 12/21/32

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M.D.

(Address) 615 S Paca St

M. D. B. 1265-9

E 85951 HEALTH DEPARTMENT—CITY OF BALTIMORE 85951

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 S Kenwood ave St. 1-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Tyrpak

(a) Residence: No. 614 S. Kenwood ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) August 12-1894

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
38	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewing

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Makary Tyrpak

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna Kaczmarcik

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Anna Tyrpak.
(Address) 614 S. Kenwood ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Standard Cem. Date Decemb 31. 1932

19. UNDERTAKER George A. Weber
(Address) 705 S. Ann street

DEC 29 1932 ..... 19..
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from 4/18 1932 to 12/27 1932

I last saw h alive on 12/27 1932. Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	4/18/32
Other contributory causes of importance:	
arteriosclerosis & senile failure	12/14/32

Name of operation ..... Date of .....

What test confirmed diagnosis? Sputum & Examination Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm A. Woodcock M. D.

(Address) 1623 E North Ave

M. D. B. 1268-9

85952 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85952

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 State St., 4-25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Brown

(a) Residence: No. 421 State St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Louise Terry

(Address) 421 State St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hebron Cem. 12/30, 1932

19. UNDERTAKER Daniel Easton

(Address) 916 Penna. Ave.

DEC 29 1932 Funeral Director's Registry No. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Carey Fetter, M. D.
Coroner

(Address) 916 Eastern Ave

M. D. B. 1268-9

E 85953

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85953

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals S. 14-20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Craig

(a) Residence: No. 1918 Bruni St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-3-1913

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	19	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Errand boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Jos Craig

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Mary Southerly

16. BIRTHPLACE (city or town) (State or country) Wash Co. Balto

17. INFORMANT Mrs Craig (Address) City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Cem Date 12-30 1932

19. UNDERTAKER Howard Forker (Address) 26 Pa ave

20. FILED 19 Registrar

DEC 29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-22 1932 to 12-26 1932

I last saw him alive on 12-26 1932 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	12-16 32

Other contributory causes of importance: None

Name of operation No Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

12-26 1932 (Signed) Chas H Taberski M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 85954

E 85954 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto Md St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Craig

(a) Residence: No. 1918 Brunt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph Craig

6. DATE OF BIRTH (month, day, year): May 20 [illegible]

7. AGE: Years 41 | Months 7 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Wash. D. C.

FATHER

13. NAME: John Southern

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Richmond Balto City Hosp

17. INFORMANT (Address):

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 12-30 ..... 19 32

19. UNDERTAKER (Address): Edward Carlson 916 Pa Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-26 ..... 19 32

22. I HEREBY CERTIFY, That I attended deceased from 12-22 ..... 19 32 to 12-26 ..... 19 32

I last saw h[illegible] alive on 12-26 ..... 19 32 Death is said to have occurred on the date stated above, at 12:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	12-20-32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

12-27-32 (Signed) Elmer Hightower M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

DEC 29 1932

M. D. H. 1268-9

85955

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 108 E 85955

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Pierce St. 17-25 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Thornton

(a) Residence: No. 521 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lula Gray

(Address) 521 Pierce St

18. BURIAL, CREMATION, OR REMOVAL

Place Ashland, Va. Date 12-29 1932

19. UNDERTAKER Dan'l Easter

(Address) Ashland, Va

DEC 29 1932

20. Filed ..... 19 ..... By ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. .....

(Signed) ..... M. D.
Coroner

(Address) .....

M. D. H. 1268-9

85956

HEALTH DEPARTMENT—CITY OF BALTIMORE

85956

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Corethia Scott

(a) Residence: No. 331 Forest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Scott

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Anna Riley

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Times Village Date Dec 29 19 32

19. UNDERTAKER [illegible]
(Address)
DEC 29 1932 19
(Date received) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1932 to 12-27, 1932

I last saw h[illegible] alive on 12-27, 1932 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tertiary Lues	?
Other contributory causes of importance: Under nutrition	?
Pellagra	5 mos.

Name of operation Lat. + Autopsy Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. F. Burns M. D.

(Address) Mercy Hospital

DIRECTIONS ON BACK OF CERTIFICATE.

M. D. H. 1268-9

85957 Sumpter

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85957

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green Sts. St. 11-24 Ward)

Registered No. 35

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgia Sumpter

(a) Residence: No. 1020 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Dec 29 19 32

19. UNDERTAKER

(Address)

83939 Huntington Undertaking Co.

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 21 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from 10-20-32 . 19 .. to 12-21- . 19 32

I last saw h er alive on 12-21- . 19 32 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	12-19-32

Other contributory causes of importance:

Secondary Anemia

Subacute Glomerulonephritis

Name of operation Right Salpingo-oophorectomy, complete & appendectomy Date of 12-19-32

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

(a) If so, specify .....

(Signed) E. Edmunds Jr. M. D.

(Address) University Hospital

Spec.—9-30—A. & Co.—250 Bks.

E 85958 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159 E 85958

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 2101 McCulloh ST. 13-59 WARD)

2 FULL NAME Joseph Anthony Watkins

(a) RESIDENCE No. 2101 McCulloh ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 dys. 4 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Male	Col'd	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 26 32

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2 4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Balto md

PARENTS

10 NAME OF FATHER Raymond Francis Watkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. York

12 MAIDEN NAME OF MOTHER Ernestine C. Adams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto md.

14 Informant Mother
(Address)

15 Date received DEC 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28-1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932, to Dec 28, 1932, that I last saw him alive on Dec 27th, 1932, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Malnutrition, Mother had fall 4 weeks prior to birth.

2 hours (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Marshall G. Smith M. D.

19 (Address) Arnold Md. Co Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — DATE OF BURIAL

Mt Olivet Cemetery Dec 30 1932

20 UNDERTAKER — ADDRESS

Clarence E. Wright 700 N Carrollton Ave

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85959

131 E 85959

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 906 Edmonston Ave St. 16 Ward)

2-FULL NAME Andrew Bullard

(a) RESIDENCE NO. 906 Edmonston Ave St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Bullard

6 DATE OF BIRTH (month, day, and year): ? 1854

7 AGE: Years 78; Months; Days; IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town):

(State or country) Princess Anne Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Mary Miles

13 BIRTHPLACE OF MOTHER (city or town):

(State or country)

14 Informant: Nellie Bullard

(Address) 906 Edmonston Ave

15 Dec 29 1932 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1932

17 I HEREBY CERTIFY, That I attended deceased from Feb 16 1931, to Dec 28, 1932, that I last saw him alive on Dec 28, 1932, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(duration) 6 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic Examination

(Signed) Wm H. Light, M. D.

Dec 28 1932 (Address) 515 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemtry — Date of Burial 12/30 1932

20 UNDERTAKER: Walter B. Spugg Co. — ADDRESS 939 W. Hamby St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85960

CERTIFICATE OF DEATH

169

E 85960

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md Gen Hosp (St.) 13 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Youngheim

(a) Residence: No. 2019 E Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Amelia Youngheim

6. DATE OF BIRTH (month, day, year): May 4 1866

7. AGE: Years 66 | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pool Room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 6

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Casper Youngheim

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Myers

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Amelia Youngheim 2019 E Biddle

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 29 Dec 1932

19. UNDERTAKER (Address): Jos Jozwiak & Son 209 S Paca St

Registrar.

29 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28th 32

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Suicide — Fractured Skull — Jumped out window of Hospital.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (Violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19.....

Where did injury occur? Md Gen Hosp (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Jumped out window

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. C. Luck M. D.

(Address) Coroner

Spec. 2-29-28—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85961

CERTIFICATE OF DEATH

93-003 E 85961

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Shirley ave ST. 27-4th WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John August Ries

(a) RESIDENCE NO. 2905 Shirley ave ST., Hamilton WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Married

a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary M. Ries

6 DATE OF BIRTH (month, day, and year) Aug. 6 1843

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	89	4	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Tiegenhof

(State or country) Prussia Germany

PARENTS

10 NAME OF FATHER Capt. John Jacob Ries

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Prussia Germany

12 MAIDEN NAME OF MOTHER Dorothea Ahlert

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Prussia Germany

14 Informant A. F. Ries

(Address) 302 Northway Guilford

15 [illegible] 29 [illegible] R. P. H. Registrar

C 29 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 28/32

17 I HEREBY CERTIFY, That I attended deceased from Dec 22nd, 1932, to Dec 28th, 1932,

that I last saw him alive on Dec. 28th, 1932

and that death occurred, on the date stated above, at 10.30 a. m.

The CAUSE OF DEATH* was as follows:

Myocardial Degeneration

Prostatic Hypertrophy

(duration) usual yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Laboratory

(Signed) A. F. Ries, M. D.

Dec 29, 1932 (Address) 24 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cem

DATE OF BURIAL 12/31/32

20 UNDERTAKER Philip Herring

ADDRESS 2016 Aisquith

M. D. H. 1268-9

85962

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85962

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. 16-68

CITY OF BALTIMORE: (No. 1006 Poplar Grove St. (or) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Rogers.

(a) Residence: No. 1006 Poplar Grove St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George H. Rogers,

6. DATE OF BIRTH (month, day, year) March 9/1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md,

FATHER

13. NAME John Lurty,

14. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

MOTHER

15. MAIDEN NAME Rebecca Baker,

16. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

17. INFORMANT Florence S Rogers
(Address) 1006 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date DEC 31 1932

19. UNDERTAKER Geo. M. Settle
(Address) 2700 Huntington Ave
Huntington Postoffice, Md.

29 1932 (FILED) 15 R. F. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 28 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1932, to Dec 28, 1932

I last saw her alive on Dec 28, 1932 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	Aug - 1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G W Bellamy, M. D.

(Address) 2224 W. North Ave

M. D. H. 1368-9

85963 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 V E 85963

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 79 Culver St., 70 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine M. Reinecke

(a) Residence: No. 79 Culver St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Richard T. Reinecke

6. DATE OF BIRTH (month, day, year) Feb 14th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Christian Hoffmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Sieff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martin T. Reinecke

(Address) 3800 Coolidge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 31st 1932

19. UNDERTAKER Wm Cook

(Address) 1217 E Paul St

29 1932 , 19 Trevor Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932 to Dec 28th, 1932

I last saw h. alive on Dec 28, 1932 Death is said to have occurred on the date stated above, at 12 00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Right)	7 days
Arteriosclerosis senile	
Hypostasis	
Chronic Interstitial Nephritis Suspected	

Other contributory causes of importance:

No

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nicholas Bonaddio, M. D.

(Address) 3376 Fredaire

AACo. 5-31 250B

E 85964 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85964

CERTIFICATE OF DEATH 93-002

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St., Q-4b Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Hanke

(a) Residence: No. 2705 Tivoly Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~) Mary Hanke

6. DATE OF BIRTH (month, day, year) Oct 12th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Supt. 8b

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Knabe Piano Co

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Alphanis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm C. Markert

(Address) 3026 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/31/1932

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

DEC 28 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from December 21st 1932 to December 28th 1932

I last saw h.~~e~~r alive on December 21 1932 death is said to have occurred on the date stated above, at 12:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteria-Sclerosis	
Myocardial Degeneration	
Pulmonary Edema - C.P.C.	
& Liver	12-15-32
Partial Heart Block Auricular Fibrillation	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas Lewis, M. D.

(Address) South Baltimore Gen. Hosp.

Cor.—12-9-25—A Co.—200 Bks.

E 85965

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85965

CERTIFICATE OF DEATH.

108 V

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 429 E. 27th St. 17-50 Ward)

2-FULL NAME Margaret C. Galloway

(a) RESIDENCE NO. 429 E. 27th St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of John S. Galloway

6 DATE OF BIRTH (month, day, and year) Jan 20th 1854

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	78	11	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer Self

9 BIRTHPLACE (city or town) Petersburg

(State or country) Va

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Va

14 Informant Wilbert Galloway

(Address) 429 E. 27th St

Filed 9 1932 Huntington Williams, M.D.

Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

*Acute Pneumonia

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) (duration) .....yrs. .....mos. .....ds.

(Signed) [illegible] M. D.

(Coroner)

12/29 1932 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.....mos.....ds. In the state.....yrs.....mos.....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto

Date of Burial 12/30/1932

20 UNDERTAKER Wm Cook ADDRESS 1217 St. Paul St.

O. C. N.

M. D. B. 1248-0

85966 HEALTH DEPARTMENT—CITY OF BALTIMORE 85966

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Jos Hospital
CITY OF BALTIMORE: (No. 1400 N. Caroline St. Ward 9-17)

Registered No. X 427
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Hope D. Aschenfeld

(a) Residence: No. Jarrettsville, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Carl Aschenfeld

6. DATE OF BIRTH (month, day, year) March 26 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country) Harford co Md

FATHER

13. NAME Amos Davis

14. BIRTHPLACE (city or town) (State or country) Harford co

MOTHER

15. MAIDEN NAME Mary Kirkwood

16. BIRTHPLACE (city or town) (State or country) Harford

17. INFORMANT Carl Aschenfeld
(Address) Jarrettsville md

18. BURIAL, CREMATION, OR REMOVAL
Place Bthel Date Jan 2 33

19. UNDERTAKER E G Kurtz & Son
(Address) Jarrettsville Md

FILED ... 19... Registrar.

29 1932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1932, to Dec. 29, 1932

I last saw h[illegible] alive on Dec. 29, 1932 Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fecal fistula	
Empyema of gall bladder	

Other contributory causes of importance:

Name of operation cholecystotomy Date of 10-18-32

What test confirmed diagnosis? Opn. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) O Bress M. D.

(Address) St Joseph Hospital

M. D. B. 1268-9

85967 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 85967

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 Camel St. 11-24 Ward) 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cornelius Bracco

(a) Residence: No. 320 Camel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Leandrisis Bracco

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Veronica Moore

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lillie Robinson
(Address) 845 Hanover Bell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Dec 31 1932

19. UNDERTAKER Archibald R. Caddis
(Address) 1245 W. Lanvale St.

FILED DEC 30 1932 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 - 1932 to Dec 28 - 1932

I last saw him alive on Dec 24th 1932 Death is said to have occurred on the date stated above, at 5.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Duration
Other contributory causes of importance:	
Acute pleurisy	1920/32

Name of operation None Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos J Keller M. D.

(Address) 222 Monument St

Instructions on back of certificate.

AaCo. 5-31 250B

E 85968 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

E 85968

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2191 W Pine St., (Ward) 47-35 Registered No. 32-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Johnson

(a) Residence: No. 2191 W Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Johnson

6. DATE OF BIRTH (month, day, year) Feb 22, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME McKinsey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Laura Johnson
(Address) 908 Purnell St

18. BURIAL, CREMATION, OR REMOVAL
Place U S National Cr Date 12/30/32 19

19. UNDERTAKER Isaac L Brown's Son
(Address) 109 N Montgomery St

FILED ... 19... [illegible] Registrar.

C 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932 to Dec 26 1932

I last saw him alive on Dec 24 1932 death is said to have occurred on the date stated above, at 7 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 24 1932
Hypertension	1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, how? ...

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. R. 1268-9

85969

HEALTH DEPARTMENT—CITY OF BALTIMORE

85969

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2000 Presbury St., 15-21 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 25 yrs. ... mos. ... ds.

2. FULL NAME Rebecca Rachbuck. Meyers.

(a) Residence: No. 2000 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) 8-69

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Asst Meyers
(Address) 2000 Presbury

18. BURIAL, CREMATION, OR REMOVAL Hornay Date 12-30-32 19
Place Interment

19. UNDERTAKER Jas. Lee & Son 1439-41 E. Balto St.
(Address)

20. Filed 12/30/1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
3 months	

Other contributory causes of importance:

Name of operation Regular Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leith Coroner, M. D.
(Address) Coroner

AACo. 5-31 250M

J-H.

E 85970 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85970

CERTIFICATE OF DEATH

59v

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Md. St. 12-51 Ward)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Victor Krekula

(a) Residence: No. U. S. Marine Hosp St., ... Ward. Phila Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 18, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	84	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ORC

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Matt Krekula

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Sophia Jontilla

16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place MM Cemet Date 12/30, 1932

19. UNDERTAKER Harry A. Zeitzel
(Address) 4101 Edmondson Ave

Huntington Williams, M.D.
Registrar.

DEC 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1923, to December 29, 1932

I last saw him alive on Dec. 29, 1932 death is said to have occurred on the date stated above, at 11:25 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Diabetes Mellitus	5-12-30

Other contributory causes of importance:

Gangrene, arterio-sclerotic, left ft.	12-10-32

Name of operation Amputation left ft. Date of 12-28-32

What test confirmed diagnosis? Physical Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Ernest Townsend, M. D.

(Address) U.S. Marine Hospital

Physician.

85971 MAT—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE E 85971

CERTIFICATE OF DEATH.

108 ✓

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 160 N. West. ST., 23-31 WARD)

2-FULL NAME Julius Dukes

(a) RESIDENCE NO. 160 W. West ST., WARD C. 6.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. (12 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M.

4 COLOR OR RACE: C.

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Lily Dukes

6 DATE OF BIRTH (month, day and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or ..... min.
	39			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Labor 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: Welfare

9 BIRTHPLACE (City or town) (State or country): South Carolina

PARENTS

10 NAME OF FATHER: Samuel Dukes

11 BIRTHPLACE OF FATHER (City or town) (State or country): South Carolina

12 MAIDEN NAME OF MOTHER: Eurena Bant

13 BIRTHPLACE OF MOTHER (City or town) (State or country): South Carolina

14 Informant: Fusty Dukes (Address) 1129 S. Sharp St.

15 Filed ..... 19 ..... Registrar .....

C 30 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 1932

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Dec. 26, 1932, that I last saw h— alive on Dec. 25, 1932, and that death occurred, on the date stated above, at 5:00 a. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia.

(duration) ..... yrs. ..... mos 2 ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. D. Taylor, M. D.

12/29/1932 (Address) 1522 Harlem Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Snicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Johnson Cemtery

DATE OF BURIAL 12/30 1932

20 UNDERTAKER: Walter B. Spriggs

ADDRESS 139 W. Hamby St

Huntington Williams, M.D.

M. D. E 85972

Shana M. Vega (Vega)

E 85972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Vega. (Shana M. Vega)

(a) Residence: No. 1005 Granby St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ruben Galvansky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Rosica

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT H. Vega

(Address) 1005 Granby St

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rosedale Date Dec 30, 1932

19. UNDERTAKER Sol Levinson & Bro

(Address) 1122 E Baltimore St

20. EMBALMED [illegible] Huntington Ave

DEC 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30, 1932.

22. I HEREBY CERTIFY, That I attended deceased from 11-25-32, 19..., to 12-30, 1932

I last saw h[illegible] alive on 12-30, 1932. Death is said to have occurred on the date stated above, at 5:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of right breast	July 32
Other contributory causes of importance:	
Pneumonia - left base	12-30-32

Name of operation. Radical breast operation Date of 11-30-32

What test confirmed diagnosis? Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) [illegible] M. D.

(Address) Franklin Sq Hosp

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-3t 250B

E 85973 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85973

CERTIFICATE OF DEATH

107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1707 N. Wolfe St., 8-17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin H. Appell

(a) Residence: No. 1707 N Wolfe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary M. Appell

6. DATE OF BIRTH (month, day, year) July 10 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Composing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John F. Appell
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Hufnagel
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Mary M. Appell
(Address) 1707 N Wolfe St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 31, 1932

19. UNDERTAKER Geo M Smith & Son
(Address) 844 N Wolfe St

Huntington Williams M.D.
Registrar

C 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932 to Dec 28, 1932

I last saw him alive on Dec. 28, 1932 death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	
Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Jacob Fisher, M. D.

(Address) 1823 N. Wash St.

A&Co. 5-31 250B

E 85974 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85974

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 W Lexington St. Ward) 11-27

Length of residence in city or town where death occurred all life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Thomas

(a) Residence: No. 1536 W Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20th 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	11	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nothing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME unk

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Henrietta Thomas
(Address) 1536 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 30 1932

19. UNDERTAKER A Jones
(Address) 111 S Dithmar st

20. DEC 30 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932 to Dec 28, 1932

I last saw h alive on Dec 27, 1932 death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Peritonitis	
b Perforated	12-24
Other contributory causes of importance:	
c Appendicitis	12-11-

Name of operation Exploratory Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter Dodson, M. D.

(Address) 1536 W Lexington St

OCCUPATION IS VERY important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks

E 85975

E 85975

HEALTH DEPARTMENT—CITY OF BALTIMORE

50

CERTIFICATE OF DEATH.

REGISTERED NO. 15761

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 2914 Clifton Ave ST., 15th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lillie May Eckstine Elliott

(a) RESIDENCE NO. 2914 Clifton Ave ST., 15th WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND) of or) WIFE of Charles Leo Elliott

6 DATE OF BIRTH (month, day, and year) Jan. 26, 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	11	3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Louis Eckstine

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Maryland

12 MAIDEN NAME OF MOTHER Josephine Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore, Maryland

14 Informant Mrs. Ralph Moore.

(Address) 5259 Ordelia Ave.

15 C 30 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 29/32

17

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1932, to Dec. 29, 1932, that I last saw h[illegible] alive on Dec. 29, 1932, and that death occurred, on the date stated above, at 7:50 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast, right with metastases to bone, pleura, pelvis and liver.

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (Secondary) Chronic nephritis

(duration) yrs. 2 mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Dec. 10, 1929

Was there an autopsy? No

What test confirmed diagnosis? Operation & X-Rays.

(Signed) S. Kendig Wallace, M. D.

, 19 (Address) 2839 Walbrook Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Jan. 2 1933

20 UNDERTAKER Wm. J. Dickuer Sons ADDRESS North & Pa

AACo. 5-31 250B

E 85976 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85976

46

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 15-3rd Ward)

Length of residence in city or town where death occurred 69 yrs. 4 mos. 16 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Purcell

(a) Residence: No. 1612 Clifton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edgar A. Purcell

6. DATE OF BIRTH (month, day, year) Aug 13 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Creamer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Payt Purcell
(Address) 3518 Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Jan 2. 1932

19. UNDERTAKER Wm J Tschner & Son
(Address) Norfolk Va

Huntington Williams, M.D.
Registrar

DEC 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-1932

22. I HEREBY CERTIFY, That I attended deceased from December 22, 1932 to December 29, 1932

I last saw her alive on December 29, 1932 death is said to have occurred on the date stated above, at 9. A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma of Stomach	?
(2) Metastatic Carcinoma of Liver	?
(3) Chronic Myocarditis	?
(4) Auricular Fibrillation	?
Other contributory causes of importance:	
(1) Diabetes Mellitus	?
(2) Generalized Arteriosclerosis	?
(3) Umbilical Hernia	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 85977

HEALTH DEPARTMENT—CITY OF BALTIMORE 85977

CERTIFICATE OF DEATH

Registered No. 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5806 Merville ave St., 27-55 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr George Washington Blaney

(a) Residence: No. 5806 Merville ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adelaide L. Blaney

6. DATE OF BIRTH (month, day, year) MAY 1ST - 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME JAS. BLANEY

14. BIRTHPLACE (city or town) (State or country) BALTIMORE MD

MOTHER

15. MAIDEN NAME LUCRETIA ANN GRIMES

16. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

17. INFORMANT H. C. R. BUCKINGHAM

(Address) 5806 MERVILLE AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12 30 - 1932

19. UNDERTAKER Wm J Tuffner & Bro

(Address) North & Pace Huntington Williams, N.A.

20. FILED 12-30-32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Valvular Disease of Heart

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Mowbray, M. D. Coroner

(Address) 2652 Roland Ave.

E 85978

HEALTH DEPARTMENT—CITY OF BALTIMORE

85978

99

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St. ... Ward) 1 1 2

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cesare Perni

(a) Residence: No. 913 N. Rose St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Freda Di Francesco

6. DATE OF BIRTH (month, day, year) 9-11-1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 050

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francesco Perni

14. BIRTHPLACE (city or town) (State or country) Antonetta Chieco Italy

MOTHER

15. MAIDEN NAME Antonetta Checo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 12/31/32 19...

19. UNDERTAKER ... (Address) ...

20. FILED ... 19... Registrar.

C 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-32

22. I HEREBY CERTIFY, That I attended deceased from 9-29-32 19... to 12-29-32 19... I last saw him alive on 12-29-32 19... Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis rt femoral and popliteal arteries with arteriosclerotic gangrene rt. leg	8-30-32
Other contributory causes of importance	
Endarteritis obliterans	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-29-32 (Signed) Elmer Hitzberger M. D.

(Address) Balto. City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85979

HEALTH DEPARTMENT—CITY OF BALTIMORE

85979

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Md. General Hospital

CITY OF BALTIMORE: (No. 18-24 St., 6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Benton

(a) Residence: No. 1024 Boyd St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Benton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bertha Brockley

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Mr. Henry Benton
(Address) 1024 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Jan. 2, 1933

19. UNDERTAKER Joseph H. Cook
(Address) 1003 E. Baltimore St.

20. FILED Jan 4 1933, 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1932 to 12-29, 1932

I last saw her alive on 12-29, 1932. Death is said to have occurred on the date stated above, at 11 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	12/19/32
Generalized Peritonitis	

Other contributory causes of importance:

Intestinal Parasitis (Roundworms)	2 years
Pneumonia, Hemorrhagic, Bronchopneumonia	12/29/32

Name of operation Appendectomy—Drain Date of 12/19/32

What test confirmed diagnosis Clinical Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Crance M. D.

(Address) Md. General Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85980 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85980

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2203 N Calvert St., 12-50 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Prentpest

(a) Residence: No. 2203 N Calvert St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Nellie Prentpest

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy and

FATHER

13. NAME Peter Prentpest

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jos. Prentpest (Address) Frederick Md

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cemetery Baltimore Md Date Dec 31 1932

19. UNDERTAKER Thos. M. Mudd & Co (Address) 701 E. 22nd St. Balto Md

20. FILED ... 19... Registrar

DEC 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The **principal cause of death** and related causes of importance were as follows:

Angina Pectoris — Date of onset .....

Other **contributory causes** of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John H. Mosmer, M. D. Coroner

(Address) 3632 Roland

M. D. B. 1268-9

E 85981 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85981

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4124 Mary Ave St. 26-41 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina Bramschufer

(a) Residence: No. 4124 Mary Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Albert M. Bramschufer

6. DATE OF BIRTH (month, day, year): May 11-70

7. AGE: Years 62 | Months 7 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 03

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Franz N. J. Knoch

14. BIRTHPLACE (city or town) (State or country): Ger

MOTHER

15. MAIDEN NAME: Adelheidt —

16. BIRTHPLACE (city or town) (State or country): Ger

17. INFORMANT: Albert M. Bramschufer
(Address) 4124 Mary Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date 1/2/33

19. UNDERTAKER: Philip Hennig
(Address) 2016 Orleans St

Huntington Mortuary, Inc.

20. FILED DEC 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 29. 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1932 to Dec 29 1932

I last saw her alive on Dec 29 1932 Death is said to have occurred on the date stated above, at 12 m.

The prinripal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset 12/26/32

Other contributory causes of importance:

La Grippe — about Dec 22 32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury orrur? .....
(Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. S. Hardesty M. D.

(Address) 4810 Bel. Rd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

Steirat ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85982 ~~E~~ E 85982

CERTIFICATE OF DEATH

194-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 14-28 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David R Steirat (Steirat)

(a) Residence: No. 1520 W Pratt St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Steirat

6. DATE OF BIRTH (month, day, year) June 15 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Electric Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) N Y.

FATHER

13. NAME John Steirat

14. BIRTHPLACE (city or town) (State or country) N Y.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Otto Kirner

(Address) 1520 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. National Date Dec 30th 1932

19. UNDERTAKER Leo S Cook

(Address) 1723 N Pattenson Park Ave

DEC 30 1932 Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 . 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... . 19 ..... to ..... . 19 .....

I last saw h..... alive on ..... . 19 ..... Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

Uraemia, produced by Gangrene of Bladder, Scrotum and Penis — Date of onset .....

Other contributory causes of importance: Deep Confusion by Head Injury

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 13 . 1932

Where did injury occur? 1520 W. Pratt St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Concussion of Brain Organs

Nature of injury Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. P. Norgord M. D.
Coroner

(Address) 1305 N Fulton Ave

M. D. H. 1268-9

E 85983

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85983

CERTIFICATE OF DEATH

92-004

12-54

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Park Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bettie Cohn

(a) Residence: No. 2202 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Cohn

6. DATE OF BIRTH (month, day, year) Sept. 12, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland, Md.

FATHER

13. NAME Philip Bergman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Yetta Stein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. Clara Cohn.
(Address) 2202 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Heb. Cem. Date Jan. 1, 1933

19. UNDERTAKER Sherd Sondheim & Son
(Address) 1902 Eutaw Place
Huntington Williams
Registrar

DEC 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6 1932 to Dec. 30, 1932

I last saw her alive on Thursday Dec. 29 1932 Death is said to have occurred on the date stated above, at 5:20 A. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, cerebral
Coma

Date of onset

Other contributory causes of importance:

Myocardial degeneration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Julius Friedenwald M. D.

(Address) 1013 N. Charles St.

DEC 30 1932

E 85984

267161

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85984

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Arthur Cole

(a) Residence: No. 217 N Montford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beatrice

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thos Cole

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lillie Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 12-31 1932

19. UNDERTAKER By Undraniel Wright

(Address) 1218 Mc Elderry St

20. FILED ..... 19..... ..... Registrar

DEC 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1932 to Dec 27, 1932

I last saw him alive on Dec 27, 1932 Death is said to have occurred on the date stated above, at 2 35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary + genitourinary	Oct 32

Other contributory causes of importance:

Urethral Stricture
Bladder Infection

Name of operation Post. urethrotomy Date of Dec 13, 32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) James Bradley Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

85985 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85985

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH 332 N. Stricker St

CITY OF BALTIMORE: (No. ..... St. 19-27 Ward.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella C. Trego

(a) Residence: No. 332 N. Stricker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 21-1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm R. Talbott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Beasley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT James Trego
(Address) Edmondale Md

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Dec 31, 1932

19. UNDERTAKER Fuseh, Dyer
(Address) Howard & Fayette Sts

20. [illegible] Huntington Williams Funeral Home

DEC 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1932 to Dec 29, 1932

I last saw h[illegible] alive on Dec 29, 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency ? defunct	

Other contributory causes of importance:

cerebral decompensation	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Ck Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury ....., 19.....

Where did Injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. T. Kyser M. D.

(Address) 3721 Fredtb Ave

OCCUPATION is very important. See instructions on back of certificate.

A4Co. 5-31-2908

85986

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85986

CERTIFICATE OF DEATH

Reg 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2428 Fait ave St., 3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa [redacted] Kalet

(a) Residence: No. 2428 Fait ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Geo Busse

6. DATE OF BIRTH (month, day, year): Dec 31 1865

7. AGE: Years 66 | Months 11 | Days 28½ | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Frank Busse
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Susan Tribulle
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary Kalet
(Address) 2428 Fait ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Dec 31 1932

19. UNDERTAKER: Walter Stow
(Address) 1506 N Eutaw ave

FILED ..... 19..... [illegible]

307 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932 to Dec 28, 1932

last saw her alive on Dec 28, 1932 death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12/24
Contributory causes of importance:	
Valvular Dis. Heart	Yrs

Name of operation None Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas A. Heer M. D.

(Address) 4085. Gat Park ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

85987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7 119 E 85987

1. PLACE OF DEATH Providence Hospital — Registered No.

CITY OF BALTIMORE: (No. 1514 Hanover St., W. 20 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Galloway

(a) Residence: No. 23 Clay St (Usual place of abode) St., Annapolis Md (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 10, 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	16 mos		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Annapolis (State or country) Maryland

FATHER

13. NAME Wm Galloway

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) Annapolis (State or country) Maryland

17. INFORMANT Marion Galloway (Address) Annapolis

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis, Md Date Jan 4 1932

19. UNDERTAKER Chas E Duke Jr (Address) Annapolis, Md

... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1932 to 12-30 1932

I last saw her alive on Dec 30 1932 Death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Malnutrition	10-24-32
Other contributory causes of importance: Dehydration	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) B. Harris M. D.

(Address) Providence Hospital

OCCUPATION is very important. See instructions on back of certificate.

C 30 1932

Spec.—2-29-28—L. F. S.—500 Pks.

E 85988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 13 ✓ E 85988

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1423 Benson ST. 24-35 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Lang.

(a) RESIDENCE NO. Aliquippa Pa. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestine Lang

6 DATE OF BIRTH (month, day, and year) Jan. 18-185[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	11	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Louise Hughes Daughter

(Address) 1420 Benson

15 DEC 30 1932 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28 / 32

17 I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1932, to Dec 28, 1932

that I last saw h[illegible] alive on Dec 28, 1932

and that death occurred, on the date stated above, at 10.19 P m.

The CAUSE OF DEATH* was as follows:

Hypostatic pneumonia, chronic Sclerosis

Chr. Interstitial Nephritis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 14 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urinalysis & Spby.

(Signed) Thos J Stevens, M. D.

12 M. 19 32 (Address) 2828 Liberty Hts

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cemetery

DATE OF BURIAL Dec 31-32

20 UNDERTAKER [illegible] & Sons

ADDRESS 1417 Light St

M. D. B. 1268-9

85989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-83 E 85989

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2676 Wilkens Ave St., 76-69 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Doran

(a) Residence: No. 2676 Wilkens Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Doran

6. DATE OF BIRTH (month, day, year) June 24 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Matthew Boyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Donnelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Harry F. Doran

(Address) 1302 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec. 31 1932

19. UNDERTAKER Margaret F. Flynn

(Address) 1302 Light St.

20. FILED Dec 30 1932, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from injuries, and that I last saw deceased alive on Dec 28, 1932, and that death was due to the cause stated below, and to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Immediate cause — Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

12/29/32 (Signed) Guy H. Cromwell M. D.

(Address) 203 Patapsco Ave Brooklyn

M. D. B. 1269-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

85990

CERTIFICATE OF DEATH

E 85990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Park Ave St. 11-23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eligah Tayler

(a) Residence: No. 910 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Tayler

6. DATE OF BIRTH (month, day, year) 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Wm. Tayler

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hannah Burke

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Maria Tayler
(Address) 910 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 12/30/32 1932

19. UNDERTAKER Mrs. R. G. Elliott
(Address) 1129 N. Caroline St.

DEC 30 1932 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 1932

22. I HEREBY CERTIFY, That I attended deceased from for several years past 19 to 12-27 1932

I last saw h alive on 12-28 1932 Death is said to have occurred on the date stated above, at 11:9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance: Age -	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Leave statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Lottie Frederick

85991 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 85991

CERTIFICATE OF DEATH

1. PLACE OF DEATH Community Hospital

CITY OF BALTIMORE: (No. Lombard & Green St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lottie Frederick

(a) Residence: No. Parkton Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Wilson Frederick

6. DATE OF BIRTH (month, day, year) Feb 4 - 879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) maryland

FATHER

13. NAME Wilson Frederick

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Jim Frederick

(Address) Parkton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Interment Date Jan 1 1933

19. UNDERTAKER Edw C Hilton

(Address) Parkton Md

DEC 30 1932 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-26 1932 to 12-30 1932

I last saw h[illegible] alive on 12-30 1932. Death is said to have occurred on the date stated above, at 6:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arterio Sclerosis	12-26-32

Other contributory causes of importance:

Cirrhosis	12 26 32
Pneumonia	
Chronic Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. ...

(Signed) [illegible] M. D.

(Address) Community Hospital

M. D. B. 1268-9

E 85992 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85992

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Edmondson Ave St., 90-69 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Johanna Weber

(a) Residence: No. 2503 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of George Weber

6. DATE OF BIRTH (month, day, year) March 3-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Lentz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Chester Weber

(Address) 2500 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 2nd 1932

19. UNDERTAKER H. C. Weber & Son

(Address) 2503 Edmondson Ave

DEC 30 1932 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-23- 1932 to 12-30- 1932

I last saw her alive on 12-30- 1932 Death is said to have occurred on the date stated above, at 6:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-28-32
Other contributory causes of importance:	
Influenza	12-19-32
Hypertension	Unknown

Name of operation — Date of —

What test confirmed diagnosis? P-S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson ave.

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31-2508

E 85993 HEALTH DEPARTMENT—CITY OF BALTIMORE E 85993

CERTIFICATE OF DEATH

Dr Mitchell - 2220 Garrison

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4716 Edmondson Ave 28-6b Ward) 193-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 29 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Hauswald

(a) Residence: No. 4716 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Philip Hauswald

6. DATE OF BIRTH (month, day, year) Nov 6th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	29 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Kremme

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hazelbrush

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Philip Hauswald 1015 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 12/31/32

19. UNDERTAKER Geo. Weber & Son (Address) 2503 Edmondson Ave

20. FILED Huntington Williams Registrar

C 301932

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27/32, 19..., to Dec 29, 1932

I last saw h[illegible] alive on Dec 29, 1932 death is said to have occurred on the date stated above, at 12:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 27/32
Acute dilatation of heart	6 hrs.
Other contributory causes of importance: myocarditis	1928

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter S. Mitchell, M. D.

(Address) 2220 Garrison Ave

M. D. H. 1268-9

E 85994 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-°E 85994

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 E. Lanvale St. 8-17 Ward)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hulbert C. Wisner

(a) Residence: No. 1913 E. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Wisner

6. DATE OF BIRTH (month, day, year) Oct. 16 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Male nurse

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) Baltimore Co (State or country) Md

FATHER

13. NAME Louis Wisner

14. BIRTHPLACE (city or town) Don't Know (State or country)

MOTHER

15. MAIDEN NAME Sarah Gordon

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT Mrs Louis Chapman

(Address) 1913 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Jan 2 1933

19. UNDERTAKER C. Marshall Lord

(Address) White Hall & Huntingdon Aves Phone Belair

Filed 30 1932, 19 8

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30-32

22. I HEREBY CERTIFY, That I attended deceased from 12/26 1932 to 12/30 1932

I last saw him alive on 12/30 1932 Death is said to have occurred on the date stated above, at 11:40 17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	2 days
Pulmonary Edema	
Other contributory causes of importance:	
Pneumonia - Bronchial (Influenzal)	4 days

Name of operation NO Date of .....

What test confirmed diagnosis? Clinical signs Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury NO 19.....

Where did injury occur? NO
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NO

Manner of injury NO

Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify NO

(Signed) David Reese M. D.

12/30/32 (Address) 1400 Bolton

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85995

E 85995

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1245 St. Matthews St St. 5-8 Ward)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth* yrs. mos. ds.

2. FULL NAME John Robinson

(a) Residence: No. 1245 St. Matthews St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Cora Robinson

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe-shiner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Cora Robinson (wife)
(Address) Llewelyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place John's Cemetery Date Dec. 31 . 1932

19. UNDERTAKER Edward Bryan
(Address) 421 Oregon ave.

DEC 30 1932 . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at bet 11 & 6 A.M. m

The principal cause of death and related causes of importance were as follows:

Probably Acute Alcoholism — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H Cain M. D.
Coroner

(Address) 706 E Fort Ave

OCCUPATION is very important. See instructions on back of certificate.

Spec.—12-9-25—A Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85996

CERTIFICATE OF DEATH.

E 85996

1-PLACE OF DEATH

City of BALTIMORE: (No. House of Good Shepherd St., 19-28 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Catherine Lamonch.

(a) RESIDENCE NO. House of Good Shepherd St. Mount + Hoffman Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
F	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	27			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Boston Mass

(State or country)

PARENTS

10 NAME OF FATHER Do Not Know

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Do Not Know

12 MAIDEN NAME OF MOTHER Do Not Know

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Do Not Know.

14 Informant Sisters of Good Shepherd

(Address) Mount + Hoffman

Huntington Indiana, R.F.D.

15 Filed ..... 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Dec 30th 1932

17

I HEREBY CERTIFY, That I attended deceased from Dec. 10 1931, to Dec 30th, 1932, that I last saw h.. alive on Dec 30th, 1932, and that death occurred, on the date stated above, at ....m.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum

Myocardial Insufficiency

(duration) ....yrs. ....mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

18 Where was disease contracted —

If not at place of death

Did an operation precede death? No Date of —

Was there an autopsy?

What test confirmed diagnosis? Myocardial Insufficiency

(Signed) Jackatard, M. D.

Dec 30th 1932 (Address) 130 N Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Date of Burial

St Peters Cem 1/3/ 1932

20 UNDERTAKER — ADDRESS

E. L. Sahm Sons 1318 Light St

38 1932

very important. See instructions on back of certificate.

AACo. 5-31 250R

E 85997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85997

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Jackson St., 2nd Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas F. Manley

(a) Residence: No. 1410 Jackson St., 2nd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/25/1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward F. Manley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Morris

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John F. Manley
(Address) 1410 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 1/7, 1933

19. UNDERTAKER J. Edgar Thomas
(Address) 3131 Eastern Ave.

LICENSE NO. 1/30 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/10, 1933 to 12/27, 1933

I last saw him alive on 12/25, 1933 death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Chronic
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) David Druckman M. D.

(Address) 1224 N. Eutaw

OCCUPATION is very important. See instructions on back of certificate.

C 30 1932

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85998

CERTIFICATE OF DEATH

108

E 85993

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 E Preston St. 10-14 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Young.

(a) Residence: No. 737 E. Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Rhea V. Young.

6. DATE OF BIRTH (month, day, year) Jan. 4 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year) 12/1931

11. Total time (years) spent in this occupation 30.

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Conrad Lutz.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Henrietta Richter.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Samuel Taylor

(Address) Lansdowne, Md.

18. BURIAL, CREMATION, OR REMOVAL.

Place Parkwood Date Jan. 2. 1933.

19. UNDERTAKER Fun. D. Thomas & Son

(Address) 703 E. Lafayette Ave

Huntington Williams, N.Y.

30 1932 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 . 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 . 1932 to Dec 29 . 1932

I last saw her alive on Dec 29 1932 death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 21.

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Sugar Sputum? Was autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Stanford Mebelon, M. D.

(Address) Baltimore Md

OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—190 B—50L

E 85999

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 85999

CERTIFICATE OF DEATH

+ 92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 12 W. 24th Street ST., 12-5 WARD)

2-FULL NAME Emma J. Holmes

(a) RESIDENCE NO 12 W. 24th Street ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State) Statesville N.C.

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1847 Unknown

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
about	45			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Waitress
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carolina

PARENTS

10 NAME OF FATHER Robert Holmes

11 BIRTHPLACE OF FATHER (city or town) (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Amanda Seamon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) North Carolina

14 Informant James C. Holmes

(Address) Statesville, N.C.

15 DEC 30 1932 1932 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Malignant Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Jno. H. Lassiter, M. D. Coroner

12/31 1932 (Address) 362 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Statesville, N.C. DATE OF BURIAL Dec 30, 1932

20 UNDERTAKER E. LeRoy Stafford, Inc ADDRESS 120 E. North Ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 86000 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86000

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 3427 Piedmont Ave

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa M. Fitzberger

(a) Residence: No. 3427 Piedmont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced (or) WIFE of Frederick Thos Fitz

6. DATE OF BIRTH (month, day, year) July 11 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 3/4

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Gottfried D. Kaiser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Teaumann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret S. Miller

(Address) 3427 Piedmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/31 1932

19. UNDERTAKER J. M. Pantzer

(Address) 2338 N. Monastery Ave

Filed ..... 19... Registrar.

30 1032

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec-17 1932 to Dec-16 1932

I last saw h alive on Dec-14 1932 Death is said to have occurred on the date stated above, at 1035 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/14/32
Angina Pectoris	

Other contributory causes of importance:

Arterio-sclerosis	1

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ~

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frederick Fitz M. D.

(Address) 2207 Gilmore Blvd

OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Bks.

36001 HEALTH DEPARTMENT—CITY OF BALTIMORE E36001

CERTIFICATE OF DEATH.

V 82-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 779 George St. Ward 17-26

2-FULL NAME Cornelia Doram

(a) RESIDENCE NO. 779 George St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Doram

7 DATE OF BIRTH (month, day, and year): December 1872

8 AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Unemployed

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Washington, D. C.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant (Address): John F. Doram 779 George St

15 Filed 19 Registrar

DEC 30 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 28, 1932

17 I HEREBY CERTIFY, That I attended deceased from October 2 1932 to December 28 1932

that I last saw her alive on December 28 1932

and that death occurred, on the date stated above, at 7.4 m.

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage softening

(duration) yrs. 2 mos. 26 ds.

CONTRIBUTORY (Secondary): Diabetes Mellitus

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles F. Woodland M. D.

19 (Address) 811 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Zion Cem

DATE OF BURIAL 12/31 1932

20 UNDERTAKER: Thos C. Kelly

ADDRESS 1303 Pennsylvania Ave

M. D. H. 1268-9

E 86002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86002

Registered No. 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St., Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond H Arnold

(a) Residence: No. 2456 Fremont Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora H Ditty

6. DATE OF BIRTH (month, day, year) Feb. 16, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O+O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Marshal Arnold

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary F Bossom

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Cora H. Arnold

(Address) 2456 Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 2, 1933

19. UNDERTAKER J. W. Davis & Son

(Address) 848 Eastern Ave

EC 30 1932

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30, 1932 to Dec. 30, 1932

I last saw him alive on Dec. 30, 1932 Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Contusion of Brain	12/27/32
Other contributory causes of importance:	
Struck by automobile	12/27/32

Name of operation Subtemp. Decompression Date of operation 12/29/32

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/27, 1932

Where did injury occur? Maryland Ave & 25th St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury struck by auto while

Nature of injury walking in street

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph Pokorny, Coroner, M. D.

(Address) 2265 E Madison St

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86003

CERTIFICATE OF DEATH

E 86003

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3572 Poole St., 12th Ward)

Registered No. 1937

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Burnett K. Spurrier

(a) Residence: No. 3572 Poole St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Mary Spurrier

6. DATE OF BIRTH (month, day, year): Feb 26th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Grinder (Card Dept)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mt. Vernon Mill

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: William Spurrier

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary Frizzell

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mary Spurrier

(Address) 3572 Poole St

18. BURIAL, CREMATION, OR REMOVAL

Place: St Mary's (Frankford) Date: Dec 31st 1932

19. UNDERTAKER: J. M. Cook

(Address) 1510 E. Paul St

Huntington Williams, M.D.

DEC 30 1932 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1932 to Dec 28 1932

I last saw h/m alive on Dec 28 1932 Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	1927
Other contributory causes of importance: Myocardial failure	1931
Hypertension - Emphysema	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis D. Gilles, M. D.

(Address) 20 E. Preston St.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86004

CERTIFICATE OF DEATH

E 86004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 6-10 Ward) 173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph R. Davis

(a) Residence: No. 439 N. Patterson Pk Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jeanette Davis

6. DATE OF BIRTH (month, day, year) Apr 10/1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 0 30

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME William Davis

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Clara Chason

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Clara Davis

(Address) 439 N. Patterson Pk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Jan. 2 19 33

19. UNDERTAKER Mrs. E. Miller & Co

(Address) 2334 Gilmor St

20. FILED DEC 30 1932 Washington Wilkerson, M.D. C. R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29/32 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at about 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus due to bullet wounds of gut	

Other contributory causes of importance:

Name of operation Repair operation Date of Dec 28

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Dec 27/32

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Bullen, M. D. Coroner

(Address) 508 E Monument

V. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82 E 86005

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. En Route to City Hospital St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J Roney

(a) Residence: No. 611 N Eutaw St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Polisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stove Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Peter Roney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Donaghue
(Address) 402 Chatsworth Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec. 31 1932

19. UNDERTAKER Jno. C. Miller & Son
(Address) 2 3 [illegible]

DEC 30 1932 19... R. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. J. Herzog M. D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-33—M&T—500 Blks.

E 86006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

45 E 86006

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 Ashland ave ST. 10-14 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Hattie R Grayson

(a) RESIDENCE NO. 831 ashland ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: Col.

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced ~~DAUGHTER~~ of (or) WIFE of Joseph Grayson

6 DATE OF BIRTH (month, day, and year) 1876

7 AGE: Years 56; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Va

9 BIRTHPLACE (city or town) (State or country) —

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Marguette Grayson (Daughter)

(Address) 831 Ashland ave

15 Huntington Williams M.D.

Registrar

DEC 30 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/32

17 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Dec 28, 1932

that I last saw h~~e~~r alive on Dec 28, 1932

and that death occurred, on the date stated above, at 5 15 AM m.

The CAUSE OF DEATH* was as follows:

Chr Interstitial Neplentis (Sarcoma Right Jaw)

(duration) yrs. 3 mos — ds.

CONTRIBUTORY (Secondary) Chr. Myocarditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Laboratory

(Signed) Calvin Blackwell M. D.

, 19 (Address) 1113 N Caroline St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Antioch Cemetery — DATE OF BURIAL: 12/31/32

20 UNDERTAKER: Robert L Williams — ADDRESS: 1515 McElderry St

18—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86007 E 86007

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St. 6-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willie Russell

(a) Residence: No. 1505 Mullikin St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Henry Russell

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Maggie Charlotte

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Pottie Moore

(Address) 1505 Mullikin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 3 1933

19. UNDERTAKER Peter Williams

(Address) 1515 McCulloh St

Filed ... 19... Registrar.

EC 30 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28/32 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury Found in alley at 417

Nature of injury N. Caroline Street

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 506 E Monument

IMPORTANT—READ WITH EXPANDING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AsCo. 1-11 2508

Dr. Bowden

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86008

CERTIFICATE OF DEATH

V/31 E 86008

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 E. Lafayette Ave St. 8-17 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Agnes Dent

(a) Residence: No. 1924 E. Lafayette Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas Francis Dent

6. DATE OF BIRTH (month, day, year) Dec 5th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) W Va.

FATHER

13. NAME Casper Manuel

14. BIRTHPLACE (city or town) (State or country) W Va.

MOTHER

15. MAIDEN NAME Mc Kenzie

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Mrs F Dent

(Address) 1924 E Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date 1/2/ 1933

19. UNDERTAKER E. J. Young & Son

(Address) 1938 E. Lafayette Ave.

DEC 30 1932 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/29/ 1932 to 12/30/ 1932

I last saw her alive on 12/29/ 1932 death is said to have occurred on the date stated above, at 1.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocarditis	6/29/32
Chronic nephritis	"
General arteriosclerosis	"
ascites -	"

Other contributory causes of importance:

acute dilatation of heart	12/22/32

Name of operation Paracentheses abdominalis Date of 12/22/32

What test confirmed diagnosis? ?? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Noble A Bowden, M. D.

(Address) 1547 E North Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86009

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86009

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St. 27-55 Ward) Unknown

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James T. Middleton

(a) Residence: No. 3202 Maywood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lora

6. DATE OF BIRTH (month, day, year) April 3 1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) Conn.

FATHER

13. NAME Isaac Middleton

14. BIRTHPLACE (city or town) Michigan (State or country)

MOTHER

15. MAIDEN NAME Allen Gaither

16. BIRTHPLACE (city or town) Michigan (State or country)

17. INFORMANT Isaac Asst

(Address) 3202 Maywood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 31 1932

19. UNDERTAKER John C. Tyler

(Address) 2435 E. Baltimore St

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19.....

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 2:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 201 Lettner Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC30 1932

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86010

CERTIFICATE OF DEATH

E 86010

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 9-47 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. ~ mos. ~ ds. How long in U. S. If of foreign birth? ~ yrs. ~ mos. ~ ds.

2. FULL NAME Denis Kavanaugh. (Kavanagh)

(a) Residence: No. 3646 Ellerslie Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Gunningham

6. DATE OF BIRTH (month, day, year) Nov. 17, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Denis Kavanaugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Byrne

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Brother

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 1/2 1933

19. UNDERTAKER Henry C. Myers & Son

(Address) [illegible] Huntington Avenue, Md.

EC 30 1932

19 C. C. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1932 to Dec. 30 1932

I last saw him alive on Dec 30 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of esophagus & larynx causing inanition & progressive emaciation.	
Other contributory causes of importance:	
Terminal pleurisy	
TB cervical lymphadenitis.	

Name of operation Lymphadenotomy Date of 12-14-32

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) F. N. Taylor, M. D.

(Address) Mercy Hospital.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 86011 E 86011

CERTIFICATE OF DEATH

17-50 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2835 N. Calvert St. (or Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Louise Walker

(a) Residence: No. 2835 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) -------- 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	---	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Walker

14. BIRTHPLACE (city or town) --------
(State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Cook

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Henry A. Walker
(Address) 2 York Court

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 12/31, 1932

19. UNDERTAKER Wesley J. Meats and Son
(Address) 800 N. Eutaw St.

EC 30 1932 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day year) Dec 27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1932, to Dec 29th, 1932

I last saw her alive on Dec 29th, 1932. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	Dec 29th
Myocardial Insufficiency	Dec 29th
Broncho Pneumonia	Dec 27th

Other contributory causes of importance:

Senility

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. L. Chatard M. D.

(Address) 1300 N. Calvert St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 86012

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86012

CERTIFICATE OF DEATH

V 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hosp. St. 14-20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Morton

(a) Residence: No. 1710 Bolton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred N Morton

6. DATE OF BIRTH (month, day, year) Jan. 11, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Springfield, Tenn.

FATHER

13. NAME Arch C. Morton

14. BIRTHPLACE (city or town) (State or country) Springfield, Tenn.

MOTHER

15. MAIDEN NAME Laura Howard

16. BIRTHPLACE (city or town) (State or country) Howard Co.

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Woodlawn, Hampstead, Md. Date Jan 2, 1933

19. UNDERTAKER Chenoweth Bros.

(Address) 3615-17 Edmondson Ave.

DEC 30 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932, to Dec 30, 1932

I last saw h[illegible] alive on Dec 30, 1932 Death is said to have occurred on the date stated above, at 7:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute and Chronic Cholecystitis with Gallstones Chronic appendicitis	1 yr
Other contributory causes of importance: Heart failure with shock	4 hrs

Name of operation Cholecystectomy, Appendectomy Date of Dec 27-1932

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Lowe M. D.

(Address) Md. General Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 E 86013

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 15 W Eager)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lucille Wood

(a) Residence: No. 1310 Bruce St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Y

6. DATE OF BIRTH (month, day, year): Mar 5, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X 070

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Asheville N.C.

FATHER

13. NAME: Mike Wood

14. BIRTHPLACE (city or town) (State or country): Paca S.C.

MOTHER

15. MAIDEN NAME: Maggie Pendleton

16. BIRTHPLACE (city or town) (State or country): asheville N.C.

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 31, 1932

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

DEC 31 1932 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932 to Dec 26, 1932

I last saw her alive on Dec 26, 1932 Death is said to have occurred on the date stated above, at 7.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardeal Failure	Dec 10, 32
Pulmonary Tuberculosis	June 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Bennett A. Storm M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86014 E 86014

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (St.) (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas R. Zorn

(a) Residence: No. 43 Wagner's Lane - Essex Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Mable B. Zorn.

6. DATE OF BIRTH (month, day, year) Oct. 12 1895.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME August H. Zorn

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Margaret E. Eder.

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Mabel B. Zorn (Wife)
(Address) 2306 Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 2 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 401 S. Wolfe St.

20. FILED DEC 31 1932
Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1932, to Dec. 29, 1932

I last saw h im alive on Dec. 29, 1932 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?
Pyo-pneumo thorax - left	Nov 1932

Other contributory causes of importance:

Name of operation Thoracotomy - left Date of 11-25-32

What test confirmed diagnosis? x-ray pneumothorax Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) J. Guer Moores M. D.
(Address) University Hospital

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86015 E 86015

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Fortune

(a) Residence: No. 1306 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

FATHER

13. NAME John F. Fortune

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Julia Wilson

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Julia Fortune

(Address) 1306 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date Jan. 2nd 1933

19. UNDERTAKER Bynon & Manning Wright

(Address) 128 N. Eutaw St

DEC 31 1932 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29/32

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema	
Other contributory causes of importance:	
Chr Rheumatic Endocarditis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Dean Coroner, M. D.

(Address) 508 E Fort Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86016

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86016

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 27-45 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Pease, Sr.

(a) Residence: No. 2603 Roslawn ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) 9-3-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	37	— 3	— 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 023

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Frank Pease

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary Lomax

16. BIRTHPLACE (city or town) (State or country) Wilmon, Md

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 2. 1933

19. UNDERTAKER Harry A. Reitzke

(Address) 4101 Edmondson ave.

Huntington Williams M.D.

FILED DEC 31 1932 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 . 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-26 . 1932 to 12-29 . 1932

I last saw him alive on 12-29 . 1932 . Death is said to have occurred on the date stated above, at 4:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	12-21-32
Other contributory causes of importance: None	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

12-29-32 (Signed) Elmer Leitzlaar M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 86017

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86017

CERTIFICATE OF DEATH

25-77

REGISTERED NO. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1509 Sycamore St. (ST.) (WARD)

2-FULL NAME Clara J. Benner.

(a) RESIDENCE NO. 1509 Sycamore St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. ---- mos. ---- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a If married, widowed, or divorced
(or) WIFE of Charles Benner.

6 DATE OF BIRTH (month, day, and year) July 18, 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	4	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Pennsylvania.

PARENTS

10 NAME OF FATHER ------- Reed.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant John B. Benner. (son)

(Address) 1509 Sycamore St.

15 Filed DEC 31 1932 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 16, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Arterio sclerosis.
Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto M. Steinhardt, M. D. Coroner

12/30/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet — DATE OF BURIAL: 12/31 1932.

20 UNDERTAKER: Harry N. Wright & Co. — ADDRESS: Edmondson Ave.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

EC 31 1932

M. D. B. 1268-9

E 86018 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86018

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 E. Lanvale St. St., 8-17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Louise Hill

(a) Residence: No. 1617 E. Lanvale St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard F. Hill

6. DATE OF BIRTH (month, day, year) Jan. 1 1863

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

FATHER

13. NAME Isaac Trexler

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary Travers

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Charles W. Farrow

(Address) 1636 N. Broadway

18. BURIAL, CREMATION OR REMOVAL

Place Greenmount Cem. Date Dec 31 1932

19. UNDERTAKER John F. Denny

(Address) 715 Light St

FILED DEC 31 1932 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to Dec 28 1932

I last saw her alive on Dec 27-8 1932 Death is said to have occurred on the date stated above, at 3.50 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	1922
Cerebral Arteriosclerosis	1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edgar V. Sandrock M. D.

(Address) Medical ARTS Building

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86019

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86019

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Hickory Ave St., 19-57 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Martin

(a) Residence: No. 95 Kelly Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	white	married

5a. If married, widowed or divorced (or) WIFE of Noah Martin

6. DATE OF BIRTH (month, day, year) June 22 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Otho Turnbaugh

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Mary Babylette

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Josephine Martin

(Address) 3811 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Cemetery Date Dec 29 1932

19. UNDERTAKER Walter Davis

(Address) 3648 Edmondson Ave

20. FILED Dec 30 1932 WPB Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1932 to Dec 29 1932

I last saw her alive on Dec 28 1932 Death is said to have occurred on the date stated above, at 10.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr

Other contributory causes of importance:

Bronchial Asthma 5 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm H Peters M. D.

(Address) 2020 N. Charles

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

E 86020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

E 86020

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 810 S. Linwood Ave ST., 4-1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ludwika Sobieski

(a) RESIDENCE NO. 810 S. Linwood Ave ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Eleonora Sobieski

6 DATE OF BIRTH (month, day, and year) Aug 20 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shoe Cobbler

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer own business

9 BIRTHPLACE (city or town) (State or country) Poland.

PARENTS

10 NAME OF FATHER Albert Sobieski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland.

14 Informant Eleonora Sobieski

(Address) 810 S. Linwood Ave

15 Filed [illegible] Washington Wilkins Registrar

DEC 31 1932

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29 1932

17 I HEREBY CERTIFY, That I attended deceased from 11/24 1932 to 12/29 1932

that I last saw h[illegible] alive on 12/29/32 1932

and that death occurred, on the date stated above, at 11308 m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Uraemia

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) Joseph Pokorny M.D. M. D.

1932 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
St. Stanislaus Cem.	Jan 2 1933
20 UNDERTAKER	ADDRESS
Stephen J. Jadkowski	1008 S. Linwood Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 86021 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86021

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 McElderry St. 7-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Hoehn

(a) Residence: No. 2020 McElderry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie H. Hoehn

6. DATE OF BIRTH (month, day, year) Dec. 19. 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	-	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick Hoehn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hilda Stauch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie H. Hoehn

(Address) 2020 McElderry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date Jan. 2 1933

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED ..... 19 ..... Registrar

DEC 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Dec 29 1932

I last saw h[illegible] alive on Dec 29 1932 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Pulmonary Tuberculosis	—

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Alma B Lemmon M. D.

(Address) 718 N Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-20—A. & Co.—200 Blks

E 86022 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

E 86022

95-082

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1022 Union Ave ST. 13-52 WARD)

2-FULL NAME Sarah E Arnold

(a) RESIDENCE No. 1022 Union Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Levi H Arnold

6 DATE OF BIRTH (month, day, and year) July 16 1864

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	5	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Samuel Patterson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Minnie Bochmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ga

14 Informant Levi Arnold
(Address) 1022 Union Ave

15 C 31 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 29/32

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Dec. 29, 1932

that I last saw h alive on Dec 29, 1932

and that death occurred, on the date stated above, at 6. P m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio Vascular disease

(duration) unknown yrs. mos. ds.

CONTRIBUTORY (Secondary) Cardiac dilatation

(duration) 1/2 hour yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? no

What test confirmed diagnosis? Examination

(Signed) [signature] M. D.

Dec 30 1932 (Address) 3429 Cheltenham Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Beckleysville Balto Co Md	1/1 1933

20 UNDERTAKER Franklin & Sons

ADDRESS 709 W 33rd St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 86023 STATE OF MARYLAND—CERTIFICATE OF DEATH 131 E 86023

1. PLACE OF DEATH

County ~~[illegible]~~ Registration Dist. No. 9-47

Village or City Balto. No. 4706 Old York Road St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Francis

(a) Residence: No. 4706 Old York Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ida M. Francis

6. DATE OF BIRTH (month, day, and year) June 26 54

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Francis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Parker Pearce

(Address) 4706 Old York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Fork Christian Cem. Date Dec. 31, 1932

19. UNDERTAKER Clarence E. Arthur

(Address) Fork Md.

20. Filed DEC 31 1932 Huntington Whitacre, M.D. State Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 29, 1932

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932, to Dec 29, 1932

I last saw him alive on Dec 28, 1932; death is said to have occurred on the date stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 yrs
Other Contributory Causes of importance: Chronic Interstitial Nephritis	2 yrs
Name of operation None Date of	
What test confirmed diagnosis? Clinical Was there an autopsy?	

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No C

If so, specify

(Signed) H. W. Johnston M. D.

(Address) 7307 York Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1268-9

86024

HEALTH DEPARTMENT—CITY OF BALTIMORE

86024

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1301 N Montford Ave (St.) (Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev Joseph R Davison

(a) Residence: No. 1301 N Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Davison

6. DATE OF BIRTH (month, day, year) Jan 21-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Martin Davison

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ramshaw

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Mary Davison

(Address) 1301 N Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date Dec 31, 1932

19. UNDERTAKER John Ulrich & Sons

(Address) 1208 Allegheny Ave

Registrar.

DEC 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 31 to Dec 28, 1932

I last saw h alive on Dec 28, 1932. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Oedema of Lungs	Dec 28

Other contributory causes of importance:

Cardio Renal Disease	Dec 31 1 yr

Name of operation — Date of —

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J E Kemper M. D.

(Address) 1301 N Montford Ave

E

NOTE.—WRITE LEGIBLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86025

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86025

CERTIFICATE OF DEATH

11-001

Registered No. 26-41

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4601 Asbury Ave St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. 7 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mildred Carolyn Parks

(a) Residence: No. 4601 Asbury Ave St., ...Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 23-1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0/0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME William C. Parks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME May Eggling

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT William C. Parks
(Address) 4601 asbury ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date Jan 1. 1932

19. UNDERTAKER John Kilgus & Sons
(Address) Baltimore, Md

...19... Registrar.

DEC 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1932 to Dec 30 1932

I last saw her alive on Dec 30 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	2 days

Other contributory causes of importance:

Bronchio-Pneumonia (Influenzal)	6 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...
none
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

12/30/32 (Signed) David Miller M. D.
(Address) 1500 Eutaw

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of

M. D. B. 1268-9

E 86026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 E 86026

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4410 Springdale St. 28 Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Steil

(a) Residence: No. 4410 Springdale Av. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Theodora Klein

6. DATE OF BIRTH (month, day, year) Oct 9th 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edmond Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore (State or country) Md

FATHER

13. NAME Frederick H. Steil

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Schultheiss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theodora Steil

(Address) 4410 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cemetery Date 1/7/32

19. UNDERTAKER F. S. Kirkhuff

(Address) 300 Eutaw Place

FILED FEB 3 1932 Huntington Williams N.T. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/32

22. I HEREBY CERTIFY, That I attended deceased from February 1 1932 to December 30 1932

I last saw h... in alive on December 30 1932 Death is said to have occurred on the date stated above, at 6 70 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1931?
a) Hypertension	
b) Uremia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Levin M. D.

1/31/32 (Address) Medical Arts Bldg

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FEB 3 1932

M. D. R. 1268-9

E 86027

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86027

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2123 W Fairmount Ave St.) (Ward 69)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME Anna V. Ellermann

(a) Residence: No. 2123 W Fairmount St., W Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John F. Ellermann

6. DATE OF BIRTH (month, day, year) Oct 2nd 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Anton Seebauer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. F. Ellermann

(Address) 2123 W Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/31/1932

19. UNDERTAKER: F. B. Kaufhold

(Address) 850 W Baltimore St

DEC 31 1932 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28/1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ ~~last saw her alive on~~ inquiry to and from this ... 19 ... Death is said to have occurred on the date stated above, at 8 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Suddenly
Other contributory causes of importance: Chronic Myocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

12/31/32 (Signed) Guy V. Cromwell M. D. Coroner

(Address) 203 Patapsco Ave. Brooklyn

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86028 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86028

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 140 west Cross St. [illegible] Ward 23-31

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catharine marie Tilghman

(a) Residence: No. 140 west Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country)

FATHER

13. NAME Rudyerd Tilghman

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Bertha Apple

16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Mrs B. Tilghman
(Address) 140 W. West St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 1/2/32 19

19. UNDERTAKER E & B. Staub
(Address) 1450 W Pratt St

20. FILED [illegible] Registrar.

EC 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1932

I HEREBY CERTIFY, That I attended deceased from December 28, 1932 to December 30, 1932

I last saw her alive on December 30, 19... Death is said to have occurred on the date stated above, at 6.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12.24.32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Examination Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) J. Howard Norris M. D.

(Address) 107 East west st.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

(Lichtenberg)

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86029 E 86029

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH West Baltimore General Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward. 26-20

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Lichtenberg

(a) Residence: No. 1907 Walbrook Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles F Lichtenberg

6. DATE OF BIRTH (month, day, year) Sept 21 1906

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	26	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John J Cantwell

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Elizabeth Casey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Computed Rm S
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cem Date 1/2 1933

19. UNDERTAKER George A Kirby
(Address) Talbot & Tompkins Huntington Millinery, N.Y.

20. FILED FEB 2 1933 Registrar. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1932 to Dec. 30, 1930

I last saw her alive on Dec. 30 1932 death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Dec 24 (?)
Other contributory causes of importance: Syncope	2

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) West Baltimore General Hospital

INSTRUCTIONS: Information required by law is necessary for the protection of life and property. ALL items must be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86030 — CERTIFICATE OF DEATH — E 86030

1. PLACE OF DEATH: Balto. City Hospitals — Registered No. 93-003

CITY OF BALTIMORE: (No. Balto. Md. St. 12-50 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Liza Rice

(a) Residence: No. 231 E. 21½ St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ?

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: about 60 — Months: + — Days: — If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Ruston, Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Records Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12/31/32

19. UNDERTAKER: Randolph B. Chandler

(Address) 1129 N. Carlton st.

Filed DEC 31 1932 Registrar. Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-27-32

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1932 to 12-27 1932

I last saw h[illegible] alive on 12-27 1932 Death is said to have occurred on the date stated above, at 23:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Dilation Arteriosclerosis	12-22

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

12-28-32 (Signed) Elmer Hirsberg M.D.

(Address) Balto City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86031 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86031

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hosp. 107-001 Registered No.

CITY OF BALTIMORE: (No. ..... St. 27-56 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Miss Mary J. Reese

(a) Residence: No. 4700 Park Height Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) abt 1870

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
abt. 62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Abel L. Reese

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Mary A Jones

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Kent Co., Md. Date Jan 4 33 19

19. UNDERTAKER Stewart & Brown Company
(Address) 108-20 North Broadway

FILED DEC 31 1932 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/24, 1932, to 12/30, 1932

I last saw her alive on 12/30, 1932 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows: — Date of onset

Coronary Occlusion

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation None Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. E. Reese M. D.

(Address) Md. General Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Jarrett M

E 86032

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86032

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 21-002 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John E. Jarrett

(a) Residence: No. 726 Cumberland St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maria

6. DATE OF BIRTH (month, day, year) 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Removing Scrap
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Edward Jarrett
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Sophie Jarrett
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Sophie Jarrett
(Address) 726 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 1/3/33

19. UNDERTAKER Wm. H. Holland
(Address) [illegible]

20. FILED ..... 19..... Registrar.

DEC 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from injury 19..... to ..... 19.....
I last saw ..... alive on injury, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Wounds Fractured Skull	12-26-32
Other contributory causes of importance: Automobile Accident	12-26-32

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-26-1932
Where did injury occur? Pulaski Hwy Parking Area
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Auto he was riding in
Nature of injury collided with another

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph J. Young M. D.
Coroner
(Address) 2200 E. Madison St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

86033 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86033

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 34

CITY OF BALTIMORE: (No.) Balto. Md St. 15-59 Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Watkins

(a) Residence: No. 2316 Stockton St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adam Watkins

6. DATE OF BIRTH (month, day, year) Mar. 14 1876

7. AGE Years 56 | Months — 9 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

070

12. BIRTHPLACE (city or town) (State or country) Keiserville, Va.

FATHER

13. NAME Thomas Banks

14. BIRTHPLACE (city or town) (State or country) ?, Va

MOTHER

15. MAIDEN NAME Emma Wood

16. BIRTHPLACE (city or town) (State or country) ?, Va

17. INFORMANT Records Balto. City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Keyesville Va Date 1/1/33 19

19. UNDERTAKER Wm. Ha. H. Holland

(Address) Residence in file

20. FILED Huntington Williams Registrar.

C 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-16 1932 to 12-29 1932

I last saw h[illegible] alive on 12-29 1932 Death is said to have occurred on the date stated above, at 1:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-26-32
Other contributory causes of importance:	
Phlebitis	12-1-32

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

12-29-32 (Signed) Elmer Higgins M. D.

(Address) Balto. City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250M

E 86034

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86034

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1716 McCulloh St. 11-30 (Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriette Neal

(a) Residence: No. 1716 McCulloh St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Emory

6. DATE OF BIRTH (month, day, year) Nov 22-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Louis Wilson
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cassie Hadow
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jennie Tucker
(Address) 1716 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place St. Lukes Date 12/31/19 32

19. UNDERTAKER Mrs. Geo. H. Kellam
(Address) Towson Md Ave

20. FILED 1932 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/26, 19 32

22. I HEREBY CERTIFY, That I attended deceased from 11/12, 19 32 to 12/26, 19 32

I last saw her alive on 12/24, 19 32 death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Carcinoma of Lung	
Contributory	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 31 1932

M. D. B. 1268-9

E 86035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86035

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital 108

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St.) (Ward) 8-2-1

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Ernest Dubee

(a) Residence: No. 160 West St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1927

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
5			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Julius Dubee

14. BIRTHPLACE (city or town) (State or country) S. Carolina

MOTHER

15. MAIDEN NAME Lavana Peart

16. BIRTHPLACE (city or town) (State or country) S. Carolina

17. INFORMANT Selena Dubee

(Address) 160 West St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date 1/1 1933

19. UNDERTAKER Walter B. Young

(Address) 2411 Harlem Ave

(Signature of Undertaker or Undertaking Co.)

1933 Registrar

C 31 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-27 . 1932 to 12-30 . 1932

I last saw him alive on Dec 30 . 1932. Death is said to have occurred on the date stated above, at 8.30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. F. Norris M. D.

(Address) Provident Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate. PHYSICIAN should

M. D. H. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86036 E 86036

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2723 Riggs St. 16-68 Ward)

Registered No. 164-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida L. Weinecke

(a) Residence: No. 2723 Riggs St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Robt F.

6. DATE OF BIRTH (month, day, year): 5 6 89

7. AGE: Years 67 | Months 2 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa.

FATHER

13. NAME: Henry Weigle

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Christina Sauer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Estella D. Michael
(Address) 2217 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Glen Rock Co. Date: 1/3/33

19. UNDERTAKER: Geo Gaither Son
(Address) Glen Rock Pa.

DEC 31 1932 Washington Village, Md.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19..

I last saw h[illegible] alive on [illegible] 19.. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Asphyxiated

Illuminating Gas

Date of onset

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H E Link Coroner, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-9

86037

HEALTH DEPARTMENT—CITY OF BALTIMORE

86037

CERTIFICATE OF DEATH

XV157-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 W 3 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alvin Zuck

(a) Residence: No. Dorsey Md. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
		8	16	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James R. Zuck

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Tillie P.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James R. Zuck
(Address) Dorsey Md.

18. BURIAL, CREMATION, OR REMOVAL.
Place Dorsey Md. Date Jan 2 1933

19. UNDERTAKER Ridgely & Selby
(Address) Laurel Md.

20. DEC 31 1932 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from December 20th 1932 to December 31st 1932

I last saw him alive on December 31st 1932 Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital cystic lymphangioma (right side of neck & face)	April 1932
Other contributory causes of importance: Secondary infection & lymphatic edema & Pulmonary Bronchial Pneumonia & Aspiration	Dec. 16th 1932 12-30-32

Name of operation ..... Date of 12-22-1932

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) John Frederick Simmons M.D.

(Address) University Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

E 86038

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 86038

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1063 Harford ave St. 10-14 Ward)

Length of residence in city or town where death occurred 79 yrs. ... mos. 15 ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Mohr

(a) Residence: No. 1063 Harford ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	—	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Adam L. Mohr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna B. Roth

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Johanna Mohr

(Address) 1063 Harford ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan 3 1933

19. UNDERTAKER Henry Deuchler Sons Inc

(Address) 1321 E. Eutaw St

20. FILED JAN 1 1933 Huntington W. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1932 to Dec 31 1932

I last saw her alive on Dec 31 1932 Death is said to have occurred on the date stated above, at 1. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Sarcoma	
Coma	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred W. Sieck M. D.

(Address) 4900 Belair Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

E 86039

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86039

CERTIFICATE OF DEATH

164-001

REGISTERED NO. 1357

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 1514 E. 36th. St. St., 13 Ward)

2-FULL NAME Joseph Milio

(a) RESIDENCE NO. 1514 E. 36th. St. St., 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

tion should be carefully supplied. AGE should be stated EXACTLY.' PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena M. Milio

6 DATE OF BIRTH (month, day, and year) May 17-1888

7 AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	44	7	13	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Mt. Vernon Woolen Mills

9 BIRTHPLACE (city or town)
(State or country) Italy

PARENTS

10 NAME OF FATHER Louis Milio

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Italy

12 MAIDEN NAME OF MOTHER Katana Dantone

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Italy

14 Informant Mrs. Lena M. Milio
(Address) 1514 E. 36th St.

15 Filed JAN 1 1933 19 Henry J. Pfeil Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gas Poison
(Suicide)

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy? ..... What test confirmed diagnosis? .....

(Signed) Wm. F. Lawrence, M. D.

12/30/1932 (Address) 3732 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Jan 2 1933

20 UNDERTAKER Horace F. Burgee ADDRESS 1631 Falls Rd

M. D. B. 1268-9

E 86040

HEALTH DEPARTMENT—CITY OF BALTIMORE E 86040

CERTIFICATE OF DEATH

Registered No. 16-275

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1528 McKean Ave Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Rexroth

(a) Residence: No. 1528 McKean Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of (or WIFE of) Blanche M Rexroth

6. DATE OF BIRTH (month, day, year) July 23rd 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harry Vuchbaum

10. Date deceased last worked at this occupation (month and year) Nov 1932

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Rexroth

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Emma F. Kelly

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs Henry Voltz

(Address) 3110 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JAN 4 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1932 to Dec 30th 1932

I last saw him alive on Dec 30th 1932 Death is said to have occurred on the date stated above, at 9.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	15 yrs.
Uremic Coma	2 days

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Isaac E. Dickson, M. D.

(Address) 2055 W. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 86041

M. D. B. 1268-0

86041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Balto. City Hospitals — Registered No. 26-40

CITY OF BALTIMORE: (No. Balto. Md St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Rabel

(a) Residence: No. 3121 Brendon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie Rabel

6. DATE OF BIRTH (month, day, year) 11-7-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

079

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Joseph Rabel

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Theresa Glammer

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 2nd 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Jan 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-26 1932 to 12-30 1932

I last saw him alive on 12-30 1932 Death is said to have occurred on the date stated above, at 4:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-23-32
Other contributory causes of importance:	
Bronchitis, chronic	12-26-31

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-31-32 (Signed) Henry Hightower Jr M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86042 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B86042

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Smith

(a) Residence: No. 6 Third Ave, Govans, Md St. ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Emma Smith

6. DATE OF BIRTH (month, day, year) Feb 19, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 45 min.
	32	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Claude T. Gibbs Co

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Annie Spalding

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JAN 1 1933 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-30 1932 to 12-31 1932

I last saw him alive on 12-31 1932. Death is said to have occurred on the date stated above, at 12 M. A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Rt)	3 days

Other contributory causes of importance:

Name of operation clinical + autopsy Date of .....

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. F. Burns M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-30—M. & T.—100 B—50L

E 86043

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86043

CERTIFICATE OF DEATH

1465 - 108

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (WARD)

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Violet A. Brunner.

(a) RESIDENCE NO. 1211 N. Calvert St. ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. ---mos.--- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a If married, ~~widowed~~ or ~~divorced~~ (or) WIFE of Le Roy Brunner.

6 DATE OF BIRTH (month, day, and year) August 14, 1907

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	4	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Hair dresser. 086
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Clamita Beauty Shop

9 BIRTHPLACE (city or town) (State or country) West Virginia.

PARENTS

10 NAME OF FATHER Fred. M. Cramer.

11 BIRTHPLACE OF FATHER (city or town) (State or country) West Virginia.

12 MAIDEN NAME OF MOTHER Mable A. Karn.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia.

14 Informant Mabte O. Cramer. (mother)
(Address) 1211 N. Calvert St.

15 Filed JAN 1 1933, 192 . Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) December 29, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar pneumonia.
Oedema of the Lungs.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 1211 N. Calvert St. December 29, 1932

Did an operation precede death? No. Date of

Was there an autopsy? Yes at Hospital.

What test confirmed diagnosis? Inquiry & autopsy.

(Signed) Otto M. Steinhardt, M. D.
Coroner

12/30/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — DATE OF BURIAL Jan 2nd 1933

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul st.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

E 86044

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86044

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Hanson St. 7-10 Ward)

Length of residence in city or town where death occurred 15 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Susie Maggie

(a) Residence: No. 2401 Hanson St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm George Maggie

6. DATE OF BIRTH (month, day, year) April 2 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	20 21	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Chesterstown Md.

FATHER

13. NAME Edgar Bowman

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Maud Bayne

16. BIRTHPLACE (city or town) (State or country) Chesterstown Md.

17. INFORMANT (Address) Aunt 2400 Hanson St.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Jan 2nd 1933

19. UNDERTAKER (Address) Wm Cook 1209 E. Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Dec 30 1932

I last saw her alive on Dec 26 1932 Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset Months 3

Other contributory causes of importance: Chronic myocarditis — 2 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) ..... M. D.

(Address) Rosedale Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10-21 M&T 1800 Bks.

86045

HEALTH DEPARTMENT—CITY OF BALTIMORE E 86045

CERTIFICATE OF DEATH.

X V 107-001

1-PLACE OF DEATH Kernans Hospital — REGISTERED NO.

CITY OF BALTIMORE: (No.) Hillsdale 28-65 (ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Alice Brown

(a) RESIDENCE NO. Chestertown Md. route # 6 Box 20 ST., WARD Chestertown Md
(Usual place of abode)
(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Black.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

6 DATE OF BIRTH (month, day, and year) 1927

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	5			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of Industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Chestertown Md.

PARENTS

10 NAME OF FATHER Charles Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Kent County Md

12 MAIDEN NAME OF MOTHER Stella Trace Li 3206

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kent County Md

14 Informant Hospital records. (Address)

15 Filed JAN 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31/32 19

17

I HEREBY CERTIFY, That I attended deceased from 12-19-, 1932, to 12-31, 1932,

that I last saw h alive on 12-31, 1932

and that death occurred, on the date stated above, at 1.10 P m.

The CAUSE OF DEATH* was as follows

Broncho Pneumonia.

(duration) yrs. mos 10 ds.

CONTRIBUTORY (Secondary) Cardiac failure.

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Robert L. Mortimer Jr. M. D.

(Address) Kernans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL CREMATION OR REMOVAL Chestertown, Md. DATE OF BURIAL Jan 2nd 1933

20 UNDERTAKER Wm Cook ADDRESS 1217 St. Paul St.

IMPORTANT—Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1269-9

E 86046

E 86046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 N. Morley St, 20-70 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F. Lyons,

(a) Residence: No. 24 N. Morley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel M. Lyons,

6. DATE OF BIRTH (month, day, year) July 4, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Lyons,

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Mc Crea.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Ethel M. Lyons

(Address) 24 N. Morley St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date JAN 2 1933

19. UNDERTAKER Geo W. Sittler

(Address) 2700 Edmondson Ave.

JAN 1 1933 Huntington Woodbridge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1932 to Dec 30 1932

I last saw him alive on Dec 30 1932 Death is said to have occurred on the date stated above, at 10 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Other contributory causes of importance:	
Cardiac decompensation	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? el Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ..... 19.....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. J. Lyons M. D.

(Address) 3321 Edmondson Ave

BIRTH CERTIFICATE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

E 86047 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86047

CERTIFICATE OF DEATH 121 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Roy Gaither

(a) Residence: No. 2820 Mosher St. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-17-31

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	1	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Roy W Gaither

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Margaret E McSamy

16. BIRTHPLACE (city or town) (State or country) New Haven Conn

17. INFORMANT Roy W Gaither
(Address) 2820 W Mosher St

18. BURIAL, CREMATION, OR REMOVAL
Place Rawlith Cem Date June 3 1932

19. UNDERTAKER Robert S Settle
(Address) 2200 Edmondson Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/23, 1932 to 12/31, 1932

I last saw him alive on 12/31 1932 death is said to have occurred on the date stated above, at 3:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ruptured Appendicitis	12/23/32
Peritonitis	
Paralytic Ileus	
Other contributory causes of importance:	
Pneumonia, Lobar	12/31/32

Name of operation Appendectomy Date of 12/23/32

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Aloha H. Crowther, M. D.

(Address) Bon Secours Hosp.

SAY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

E 86048

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86048

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. 11-001

CITY OF BALTIMORE: (No. 16-64 St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irvin A. Ebenhack (EBENHACK)

(a) Residence: No. Pasadena Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) July 8. 1914

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

FATHER

13. NAME Juluis Ebenhack,

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Mary C. Fuller,

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Julius Ebenhack
(Address) 737 Prospect St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date JAN 2 1933

19. UNDERTAKER Geo. H. Little
(Address) 1700 Edmondson Ave.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31. 1932

22. I HEREBY CERTIFY, That I attended deceased from December 26, 1932, to December 31, 1932

I last saw him alive on December 31, 1932 death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Influenza - Pneumonia	12/24?
Other contributory causes of importance	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify .....

(Signed) Philip F. Lasser, M. D.

(Address) West Baltimore General Hospital

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86049

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86049

CERTIFICATE OF DEATH

V 137

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St. 15-66 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gustave Thiele

(a) Residence: No. 2015 Runton Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) September 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME Albert Thiele

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Engelstaf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 1-1-33 19

19. UNDERTAKER Jack Lewis Inc.
(Address) 1439 E Baltimore

20. FILED Wilfred W. Trigg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932, to Dec 30, 1932

I last saw her alive on Dec 30, 1932 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Prostatic Hypertrophy	3 yrs
Pulmonary Embolism	12/30/32

Other contributory causes of importance:

Name of operation Suprapubic prostatectomy Date of 12/21/32

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lloyd T. Lewis M. D.

(Address) 1 E. Lexington Johns Hopkins Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1248-9

E 86050

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86050

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038 E. Monument St. 10-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Eisenstein

(a) Residence: No. 1038 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Eisenstein

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Knee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ben Eisenstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ben Eisenstein (Son)
(Address) 1038 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL
Lakeview Sterling Cem. Date 1-1-33 19

19. UNDERTAKER Jack Levin Inc.
(Address) 1739 E. Baltimore St

20. FILED 1933 Wilmer Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10.45 m. P.M.

The principal cause of death and related causes of importance were as follows: Injured Spinal Cord & Brain Dec 28/ — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury Dec 28 1932

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Hung himself with towel

Nature of injury on stair post

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. Waller M. D.
Coroner

(Address) 505 E Nme

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

86051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86051

CERTIFICATE OF DEATH

11-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1511 Battery Ave Ward 9)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony DeRosa

(a) Residence: No. 1511 Battery Ave St., Ward.
(Usual place of abode) 35 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Carmela DeRosa

6. DATE OF BIRTH (month, day, year): March 14 1878

7. AGE: Years: 54 | Months: 9 | Days: 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: John DeRosa

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Madelyn Clutuoroni

16. BIRTHPLACE (city or town) (State or country): Italy.

17. INFORMANT (Address): Mrs Carmela DeRosa 1511 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Cross. Date Jan 7. 33

19. UNDERTAKER (Address): Maryland Flynn 1425 E Lafayette St.

20. FILED Jan 7 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30. 32

22. I HEREBY CERTIFY, That I attended deceased from Dec 24. 1932 to Dec 30. 1932

I last saw him alive on Dec 30. 1932 Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar Pneumonia	12/24/32

Other contributory causes of importance:

Influenza

Name of operation: Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify:

(Signed) S N Barranco M. D.

(Address) 1511 Battery Ave

OCCUPATION is very important. See instructions on back of certificate.

E 86052

M. D. H. 1934

E 86052

26719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 4-1 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew J Kerner

(a) Residence: No. 712 S Bauldin St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan

6. DATE OF BIRTH (month, day, year) 1878 (illegible)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Standard Oil Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Stephen Kerner Baker

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret Kerner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Jan 3 33

19. UNDERTAKER Richard A Speer

(Address) 1220 Aisquith

20. FILED ..... 19..... (illegible) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1932 to Dec 31, 1932

I last saw him alive on Dec 31, 1932 Death is said to have occurred on the date stated above, at 12 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Arteriosclerosis	
Pulmonary Embolism	
Coronary embolism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Dean G. Clark M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-31 250B

E 86053 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86053

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3908 Skungdale Ave St. Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Douglas L. Richards

(a) Residence: No. 3908 Skungdale Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary F. Fowler

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala.

FATHER

13. NAME James L. Richards

14. BIRTHPLACE (city or town) (State or country) Ala.

MOTHER

15. MAIDEN NAME Caroline Brannon

16. BIRTHPLACE (city or town) (State or country) Ala.

17. INFORMANT Mary F. Richards
(Address) 3908 Skungdale Ave

18. [redacted], CREMATION, [redacted]
Place London Park Date 1/2/33 19

19. UNDERTAKER J. J. Fahey & Sons
(Address) 316 Light St

FILED JAN 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1932, to Dec. 31, 1932

I last saw him alive on Dec 30, 1932 death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	May-1932

Other contributory causes of importance:

Name of operation Tumor Removed Date of 7-12-32

What test confirmed diagnosis? Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) W. K. Skelling, M. D.

(Address) 1120 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

86054 E 86054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So Balto Genl Hosp St. 24-33 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME George Pfisterer

(a) Residence: No. 414 Kindall St St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/1/1927

7. AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
	5	1	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George C Pfisterer
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Eleanor Farmer
16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Geo C Pfisterer
(Address) 414 Kindall St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 1/2/33 19....

19. UNDERTAKER J. J. Fahey & Sons
(Address) 1311 Light St

20. FILED JAN 1 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932 to Dec 31, 1932
I last saw him alive on Dec 31, 1932 death is said to have occurred on the date stated above, at 2.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis	Dec 23
Generalized Peritonitis	Dec 25
Bilateral Lobar Pneumonia	Dec 30

Other contributory causes of importance:

Name of operation Laparotomy & drainage Date of: 12-26-32

What test confirmed diagnosis? Sur. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Ed Schumacher, M. D.
(Address) So Balto Genl Hosp

CAUSE OF DEATH in plain words, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1067-A

E 86055

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86055

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 E 41st St. 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abner T. De Mars

(a) Residence: No. 708 E 41 St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. De Mars

6. DATE OF BIRTH (month, day, year) Aug 26 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk - Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rag Trade

10. Date deceased last worked at this occupation (month and year) May 1932

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David A. De Mars

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Emma Holloway

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs E. De Mars
(Address) 708 E 41 St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date Jan 3 1933

19. UNDERTAKER Percy M. Westerfield
(Address) 1700 Pennsylvania Ave

FILED JAN 1 1933 ... Registrar ... Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1926 to Dec 30 1932

I last saw h m alive on Dec 30 1932 Death is said to have occurred on the date stated above, at 9 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus (Coma)	1926

Other contributory causes of importance:

Diabetes Mellitus

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Alma B. Lemmon M. D.

(Address) 718 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

86056

268231

HEALTH DEPARTMENT—CITY OF BALTIMORE 86056

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. .... St. 7-9 .... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Caesar Smallwood

(a) Residence: No. 625 N. Bond St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct-14-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	45	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) N Car

FATHER

13. NAME Madison Smallwood

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME Katie Gilliam

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/2/33

19. UNDERTAKER Robert C Williams
(Address) 15-15 Biddle St

20. FILED 1933 [illegible] Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932 to Dec 30, 1932

I last saw him alive on Dec 30, 1932 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	Dec 24, 32
Generalized Miliary Tuberculosis	

Other contributory causes of importance:

Name of operation None Date of ....

What test confirmed diagnosis? .... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? .... Date of injury .... 19....

Where did injury occur? .... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury —

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ....

(Signed) Jean Bennett M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 2505

86057

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86057

CERTIFICATE OF DEATH

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 13 Ward)

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles B. Ferguson

(a) Residence: No. 1812 Ashburton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Beatrice Ferguson

6. DATE OF BIRTH (month, day, year) Nov 5 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 yrs	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

FATHER

13. NAME James A. Ferguson

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Rose Ostermann

16. BIRTHPLACE (city or town) (State or country) Cumberland Maryland

17. INFORMANT Jenkins Memorial Hosp.

(Address) 1000 Caton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 3 1933

19. UNDERTAKER Robt. C. Walters

(Address) 3370 Edmondson Ave

20. FILED [illegible] 19[illegible]

[illegible] Registrar.

N 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932 to Dec 30th, 1932

I last saw him alive on Dec. 30 1932 death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal disease	
with hypertension	
Terminal Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Alfred Warren, M. D.

(Address) 34 Cross Keys

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 86058

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86058

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 W 39th St 43-54 Ward)

Registered No. 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. dc.

2. FULL NAME John Reilly

(a) Residence: No. 1021 W 39th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Dec 25, 1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md.

FATHER

13. NAME Frank J. Reilly

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Lillian R. Boston

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Frank J. Reilly.
(Address) 1021 W 39th St.

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date Jan 3. 1933

19. UNDERTAKER C. Heyward Talbot
(Address) 3615-17 Chestnut Ave

20. FILED JAN 1 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1932 to Dec 31 1932

I last saw him alive on Dec 30 1932 Death is said to have occurred on the date stated above, at 9-50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (Twin)	
Ill defined intents	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Lowell Cross M. D.

(Address) 1438 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. E 86059

HEALTH DEPARTMENT—CITY OF BALTIMORE E 86059

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3550 Poole St. St. 13-57 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Keller.

(a) Residence No. 3550 Poole St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Jane Keller.

6. DATE OF BIRTH (month, day, year) Dec 20, 1842

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Susie L. Simms.
(Address) 3550 Poole St.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Marye, Hamden Date Jan 3, 1933

19. UNDERTAKER Thomas J. Love
(Address) 5615-17 Eastern Ave.

20. FILED ..... 19 ..... Registrar.

JAN 1 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932, to Dec 30, 1932. I last saw him alive on Dec 30, 1932. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Hypertension	
Other contributory causes of importance:	
Hypostatic Congestion	

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. A. Derby M. D.

(Address) 817 Medical Arts Bldg

M. D. B. 1265-9

E 86060

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86060

CERTIFICATE OF DEATH

X 181V

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St. 25-72 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FIRST NAME ~~Elsie~~ Geordie Lawson

(a) Residence: No. Elliott City P.O. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 15, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
~~Under~~	1	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Earl Lawson

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Dorothy MacMurray

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Cem Date Jan. 3, 1933

19. UNDERTAKER Easton-Lore Ellicott City

(Address)

20. FILED 1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-19, 1932 to 1-1, 1933

I last saw her alive on 1-1, 1933 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 - 3rd degree burn to body	
Cellulitis of both legs	
Terminal Bronchial Pneumonia	
Other contributory causes of importance	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Alfred Warfield M. D.

(Address) 1st Agnes Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86061 E 86061

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 S Stricker St. 19-28 Ward)

Length of residence in city or town where death occurred 90 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta McLaughlin

(a) Residence: No. 25 S Stricker St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89 90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Robert McLaughlin

FATHER

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME ? Segmuller

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT Harriette Brown

(Address) 1102 33 St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 2 1933

19. UNDERTAKER Henry J. Feldenheimer

(Address) Huntington Avenue & Arlington Avenue

2-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1932 to Dec 31 1932

I last saw her alive on Dec 31 1932 Death is said to have occurred on the date stated above, at 12.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza with Bronchial Pneumonia	
Other contributory causes of importance: Advanced years	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Tom Adler M. D.

(Address) 1718 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86062

CERTIFICATE OF DEATH

1727 E 86062

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., (Ward) 8 ab

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joan Rudd Pfaff

(a) Residence: No. 2819 Chesterfield Ave St., Ward.

(Usual place of abode) If non-resident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 29-32

7. AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Geo T. Pfaff

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Dorothy E Wallace

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Geo. T. Pfaff

(Address) 2819 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk Date: Jan 2 '33

19. UNDERTAKER: Philip Henry & Co

(Address) 2916 Huntington Ave Baltimore, Md

20. FILED: 2-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932 to Dec 31, 1932

I last saw her alive on Dec 31, 1932. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	Dec 31
Other contributory causes of importance: Intestinal Obstruction	Dec 30

Name of operation: Appendectomy Date of: Dec 31

What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. Saunders Jr. M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86063

CERTIFICATE OF DEATH

108

E 86063

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 E Biddle St. 8-12 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? 49 yrs. ___ mos. ___ ds.

2. FULL NAME Kristina Kostoburyz

(a) Residence: No. 2207 E Biddle St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kostoburyz

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Jacob Bednar

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Teresa Lekarmar

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Austria Rosenburger

(Address) 2207 E Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 4 1933

19. UNDERTAKER Frank J. Schaefer

(Address) 1906 Eastern Ave

FILED JAN 2 1933 Huntington Williams N.P.

Registrar Relative

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1932 to Jan 2 1933

I last saw h alive on Jan 1 1933 Death is said to have occurred on the date stated above, at 6.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days
Acute Cardiac Dilatation	4 days

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Fred Rueda M. D.

Address 2207 E Biddle St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86064

CERTIFICATE OF DEATH

48 E 86064

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1754 Bank St. 9-W (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Life

2. FULL NAME CAROLINE JANETZKE

(a) Residence: No. 1754 Bank St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or div. HUSBAND of (or) WIFE of John A. Janetzke

6. DATE OF BIRTH (month, day, year) March 25, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Nicholas Herman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Hermans

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John A. Janetzke (Husband)
(Address) 1754 Bank St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery January 2, 1933
Place Date 19

19. UNDERTAKER Henry Sander & Sons, Inc. F. Sander
(Address) Baltimore St. & Broadway.

20. FILED 2-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1932 to Dec 29 1932

I last saw her alive on Dec 29 1932 Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Carcinoma (extra uterine)	Oct. 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Geo. Keller M. D.

(Address) 1937 E. Pratt St.

M. D. B. 1908-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86065

CERTIFICATE OF DEATH

131 E 86065

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 East 31st St. 9-46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... dis. How long in U. S. If of foreign birth? 53 yrs. ... mos. ... dis.

2. FULL NAME AUGUST MEYER

(a) Residence: No. 1812 East 31st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Meyer

6. DATE OF BIRTH (month, day, year) January 30,1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Jobber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frederick Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Koke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Harry Fader (Daughter)
(Address) 1812 East 31, St.

18. BURIAL, CREMATION, OR REMOVAL
Place. Baltimore Cemetery Date January 2, 1933

19. UNDERTAKER Henry Sander & Sons, Inc. Geo. F. Sander
(Address) Baltimore St. & Broadway.

20. FILED 1-2-1933 Huntington Williams, M.D. H. C. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932 to Dec. 30, 1932

I last saw him alive on Dec. 30, 1932. Death is said to have occurred on the date stated above, at 2.09 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis (Chronic)	1.1.32
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Upon Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Persano M. D.

(Address) 514 Drury Lane

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86066

CERTIFICATE OF DEATH

✓ 59 E 86066

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6413 Pinehurst Ave. St. 27-46 Ward)

Length of residence in city or town where death occurred 82 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Virginia Benson

(a) Residence: No. 6413 Pinehurst Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Milton Benson

6. DATE OF BIRTH (month, day, year) Apr. 13. 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Levin Canter

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Rebecca Stephens

16. BIRTHPLACE (city or town) Balto. Md.
(State or country)

17. INFORMANT Mary B. Sutton
(Address) 6413 Pinehurst Ave.

18. BURIAL, CREMATION, OR REMOVAL Benson family Burying ground Date Jany 2. 1933
Place Shipley A.A.Co. Md.

19. UNDERTAKER John O. Mitchell Sons
(Address) Lafayette Place

... 19... Registrar.

JAN 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 2 1926 to Dec 31 1932

I last saw h in alive on Dec 31, 19... Death is said to have occurred on the date stated above, 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Chr Ulc. Stomach,	26
Chr. Myocarditis	26
Diabetes	1902
Other contributory causes of importance: Acute Cardiac Dilatation	1932

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. W. Bishop M. D.

(Address) 521 Sheridan Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 86067

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86067

CERTIFICATE OF DEATH

82-004 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Lakeside Ave. St., 9-47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 1 mos. 21 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Owen T. Roberts

(a) Residence: No. 1504 Lakeside Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of XXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (month, day, year) Nov. 9 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Charles F. Roberts

14. BIRTHPLACE (city or town) Not known
(State or country)

MOTHER

15. MAIDEN NAME Catherine Rosensick

16. BIRTHPLACE (city or town) Frederick Md.
(State or country)

17. INFORMANT Harry N. Roberts
(Address) 1504 Lakeside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Jan 2 1933

19. UNDERTAKER John F. Denny
(Address) 2160 Eight St.
Baltimore Highlands Md.

20. FILED 2-1933 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1932 to Dec 30 1932

I last saw him alive on Dec 29 1932. Death is said to have occurred on the date stated above, at 10:15 a. m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
about 10 days	

Other contributory causes of importance:

arterio Sclerosis	
several years	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Yes.

(Signed) [illegible] M. D.

(Address) [illegible] St. Paul St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86068 E 86068

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2205 Mt Holly St., W. Ward) 15-66

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Buena Vista Frau

(a) Residence: No. 2205 Mt Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. F. D. Frau

6. DATE OF BIRTH (month, day, year) June 14 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Myers

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Eddington

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Novel Frau

(Address) 2205 Mt Holly

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan 3 1933

19. UNDERTAKER J. Frank Fons

(Address) Modern Funeral Director

Filed JAN 2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to Dec 31, 1932

I last saw her alive on Dec 31, 1932 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis with hypertension	12 yrs

Other contributory causes of importance:

Senile Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Sidney K. D. Craft M. D.

(Address) 450 E Fort Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. E. 1268-9

86069

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86069

CERTIFICATE OF DEATH

9-18 108

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1537 Ensor Street St., 9-18 Ward)

(If death orrurred in a hospital or institution, give its NAME instead of street and number.)

Length of residenre in rity or town where death occurred ... yrs. Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Marshall Miller

(a) Residence: No. 1537 Ensor Street St., ... Ward.
(Usual place of abode) (If non-resident give rity or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ############

6. DATE OF BIRTH (month, day, year) July 19, 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
17	5	12	

OCCUPATION

8. Trade, profession, or partirular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James E.Miller

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Manda Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT James E.Miller

(Address) 1537 Ensor Street

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date Jan. 3, 1933

19. UNDERTAKER Guy D Cutler

(Address) 1133 Hollins St

20. FILED 2-1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 31st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th 1932 to Dec 31st 1932

I last saw h— alive on Dec 30th 1932 Death is said to have ocrurred on the date stated above, at 4a m.

The principal cause of death and related rauses of importanre were as follows:

	Date of onset
Lobar Pneumonia	Dec 27th
Other contributory causes of importanre:	

Name of operation Tropical Gram Date of

What tes confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Acrident, suicide, or homiride? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury ocrurred in Industry, In home, or in public plare

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to ocrupation of deceased? No If so, specify

(Signed) Geo Yungerotroyd M.D. M. D.

(Address) 1401 E 25th St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 86070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86070

92-061

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2417 N. Pulaski St. Ward) 15-54

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis B. Schneider,

(a) Residence: No. 2417 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Schneider,

6. DATE OF BIRTH (month, day, year) September 1. 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City N.Y.

FATHER

13. NAME Francis A. Schneider.

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT A A Schneider
(Address) 2417 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date JAN 3 - 1933 19

19. UNDERTAKER Robert S. Little
(Address) 2709 Edmondson Ave.

20. FILED JAN 2 - 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JAN 1 - 1933 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1932 to Dec 31st 1932

I last saw him alive on Dec. 31st 1932 Death is said to have occurred on the date stated above, at 12.50 a.m.

The principal cause of death and related causes of importance were as follows:

Pt. Heart disease
& senile debility yrs. Duration

Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Elliott K. M.D.

(Address) 1605 N. Monroe St.

M. D. R. 1368-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

86071 E 86071

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals

CITY OF BALTIMORE: (No. Balto md St. 6-8 Ward)

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Taylor

(a) Residence: No. 22 East 1st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Litty Jones

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT (Records Balto City Hospitals)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 1-4th, 1933

19. UNDERTAKER Bynon Dramin & Wright

(Address) 218 N Eutaw St

20. FILED N 2 1933 Huntington Willis, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1932 to 12-31, 1932

I last saw h alive on 12-31, 1932 Death is said to have occurred on the date stated above, at 4:00 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia central lobular	Jan 1 1933

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-31-32 (Signed) Elmer Hinkelstein M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86072 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86072

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. .....

CITY OF BALTIMORE: (No. Balto. md 18-24 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Stallings

(a) Residence: No. 1027 Boyd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Stallings

6. DATE OF BIRTH (month, day, year): Nov 17 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	87	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Wm C Seamon

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Jane Davis

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs. O'Rourke

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 1/2 1933

19. UNDERTAKER: Geo. A. Lucas

(Address): Eutaw & Lanvale

20. FILED 1-2-1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1932 to 12-31, 1932

I last saw her alive on 12-31, 1932. Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-16-32
Other contributory causes of importance: Cellulitis of leg, Myocarditis	?
	"
	"

Name of operation: None — Date of: —

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12-31-32 (Signed) Elmer Achtberger M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

E 86073

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86073

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2836 E Balto. St. 6-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augusta Conklin

(a) Residence: No. 2836 E Baltoak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac E. Conklin

6. DATE OF BIRTH (month, day, year) Dec 14-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business In which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Pengal

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Bonsegyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Isaac E. Conklin
(Address) 2836 E Baltoak

18. BURIAL, CREMATION OR REMOVAL
Place Balto. Cemtry Date Jan. 2, 1933

19. UNDERTAKER John A. Magers
(Address) 3000 E. Balto. St.

20. FILED Huntington Phillips Reg. Asst.

JAN 2 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1931, to Dec. 30, 1932

I last saw h[illegible] alive on Dec 30, 1932 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis,	
Chronic Int. Nephritis	

Other contributory causes of importance: Acute Dilatation Heart

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Gustav C. Theiss, M. D.

(Address) 44 W. Lanvale St.

OCCUPATION is very important. See instructions on back of certificate. Each statement of fact must be complete, or it may be properly classified. Each statement of

Spec.—1-30—M. & T.—250 Bks

E 86074

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86074

CERTIFICATE OF DEATH.

82-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Freeman ST. 25-75 WARD)

2-FULL NAME Laura V. Lambert

(a) RESIDENCE NO. 418 Freeman ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of Wm. J. Lambert

6 DATE OF BIRTH (month, day, and year) Feb 23-1871

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	10	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Edward Lowry.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Gill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Gladys Flock

(Address) 418 Freeman St

15 Filed ..... 19..... Registrar

2 - 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 '32

17 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 30, 1932, that I last saw h[illegible] alive on Dec 29, 1932, and that death occurred, on the date stated above, at 10.45 a.m.

The CAUSE OF DEATH* was as follows:

1 Cerebral Hemorrhage

(duration) ..... yrs. ..... mos 15 ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) ..... yrs. ..... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Coroner

(Signed) R. E. Campbell M. D.

Dec 31, 1932 (Address) 1644 Hanover St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem — DATE OF BURIAL Jan 2d 1933

20 UNDERTAKER Leo G. Cook — ADDRESS 1723 Pat. Pk Ave

AaCo. 5-31 250M

1 PM - Dec 31, 1932

HEALTH DEPARTMENT—CITY OF BALTIMORE

86075 E 86075

CERTIFICATE OF DEATH

Registered No. 137-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3505 Ingleside ave 27-55 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dilia Vizzini

(a) Residence: No. 3505 Ingleside ave. St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 30th 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Anthony Vizzini

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose DiPaula

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Concetta Restivo
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem Date 1/2 1933

19. UNDERTAKER Frank V. Pipitone
(Address) 218 E. Balto St Huntington Pittsburgh, Pa.

20. FILED 2 1933, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1932 to 12/31, 1932

I last saw her alive on 12/31 1932 death is said to have occurred on the date stated above, at 5 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
"Blue Baby"	
Incomplete closure	
Foramen Ovale.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. W. Hall, M. D.

(Address) 2020 N. Charles

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10 21—M&T—1500 Bks.

E 86076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Kernans. Hospital (Hillsdale) REGISTERED NO. 57 E 86076

CITY OF BALTIMORE: (No. ST., WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fred. Melabio

(a) RESIDENCE NO. 151 S. Robinson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) October 15, 1932

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
		2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore Md. (State or country)

PARENTS

10 NAME OF FATHER Fred Melabio.

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Adeline Richards

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country)

14 Informant Hospital Records. (Address)

15 Huntington Williams, M.D. Registrar

P. P. 1-2-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/1/33 19

17 I HEREBY CERTIFY, That I attended deceased from October 15, 1932 to Jan. 1- 1933.

that I last saw him alive on Jan 1, 1933,

and that death occurred, on the date stated above, at 2 30 p m.

The CAUSE OF DEATH* was as follows:

Hydrocephalus. Congenital
Spinal Bifida
Meningocoele

(duration) yrs. 2 mos 12 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Congenital Malformation

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Yes

(Signed) Egbert H. Mortimer M.D.

19 (Address) Kernans Hospital.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 1/2/33 19

UNDERTAKER Frank V. Pepitone

ADDRESS 2018 E. Balto

TION is very important. See instructions on back of certificates.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

86077

CERTIFICATE OF DEATH

108 E 86077

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 3-rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Alexandra Kozierachi

(a) Residence: No. 814 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Polish W	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Vincent Kozierachi

6. DATE OF BIRTH (month, day, year) ? 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Jan 3. 1933

19. UNDERTAKER F. Bazanowski

(Address) 1930 Eastern Ave

20. FILED 2-1933 19 R. P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1931, to 12-31, 1932

I last saw her alive on 12-31, 1932. Death is said to have occurred on the date stated above, at 4.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Right)	5 days?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. P. Burns M. D.

(Address) Mercy Hospital

See instructions on back of certificate.

M. D. B. 1268-9

E 86078

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86078

CERTIFICATE OF DEATH

94-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2144 Annapolis Rd) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H Cramer

(a) Residence: No. 2144 Annapolis Rd. St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single.

6. DATE OF BIRTH (month, day, year) Dec. 7, 1889

7. AGE: Years 43 | Months - | Days 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month, day, year) Dec 1932

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Cramer, Sr

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Kraemer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) John Cramer Sr 2144 annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem Date 1/3/33, 19

19. UNDERTAKER (Address) B. C. Hall 1900 S. Papa St Huntington Williams, Registrar.

2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1932, to Dec. 30, 1932

I last saw him alive on Dec 7, 1932 Death is said to have occurred on the date stated above, at 3:30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/6/32

Other contributory causes of importance:

Name of operation ... Date of No

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm P. Thomas, M. D.

(Address) 1901 Bolton

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

2 Trans.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86079

CERTIFICATE OF DEATH

E 86079

Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 N Barr St. 21-24 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida. J. Kummer

(a) Residence: No. 807 N Barr St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry A Kummer

6. DATE OF BIRTH (month, day, year) Oct 9th 1858

7. AGE: Years 74 | Months 2 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry A Kummer (Address) 807 N. Barr. St

18. BURIAL, CREMATION, OR REMOVAL Place London Pk. Date 1-4th 1933

19. UNDERTAKER Bernard C Hafer (Address) 1201 E. Baltimore St. Huntingdon Pennsylvania

20. FILED 2 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29 1932 to Jan. 1, 1933

I last saw her alive on Dec. 31 1932 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

Broncho - Pneumonia — Date of onset Dec. 7, 1932

Other contributory causes of importance:

Cardiac insufficiency — Dec. 31, 1932

Name of operation no — Date of

What test confirmed diagnosis? clinical findings — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John a. Buchmeier M. D.

(Address) 37 S. Stricker St.

M. D. B. 1268-9

E 86080

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86080

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH Lemdale

CITY OF BALTIMORE: (No. ..... St. 21-54 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 70 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Bryan Yankelowitz

(a) Residence: No. Belvedere & Pickwyck (Ave.) St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year) —1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Lee Bryan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lee Bryan

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Yankelowitz - Son

(Address) 2774 W. Pratt

18. BURIAL, CREMATION, OR REMOVAL.

Place Garrison Forest Date 1/4, 1933

19. UNDERTAKER Leech Funeral Inc.

(Address) 1439-41-E. Baltimore St.

20. FILED 2-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1932 to 1-2, 1933

I last saw her alive on 1-1, 1933 Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	2 days
R. Coronary Thrombosis	
Other contributory causes of importance:	
Cholelithiasis.	
Fracture of neck of left tro-chanter, right	7-24-30

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H Edmund Levin, M. D.

(Address) Lemdale

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86081 E 86081

CERTIFICATE OF DEATH

Registered No. 99-54 87-002

1. PLACE OF DEATH Lemndale

CITY OF BALTIMORE: (No. Belvedere St. Greenspring Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Levy

(a) Residence: No. Lemndale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md, USA

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Lemblan
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date 1-2-33 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E Baltimore St

20. FILED 1-2-1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from April, 1930 to Dec 31, 1932

I last saw her alive on Dec 31, 1932 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinsonian Syndrome	
Post encephalitis	
Enlarged Thyroid	

Other contributory causes of importance:

Secondary Anemia	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) Levindale

M. D. B. 1268-9

E 86082

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86082

CERTIFICATE OF DEATH

Registered No. 93-203

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 1-6-33 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Gambrill

(a) Residence: No. 606 Granby St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME J. S. Aldridge

14. BIRTHPLACE (city or town) (State or country) Vermont

MOTHER

15. MAIDEN NAME Evelyn Thompson

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Records Bath City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date Jan 3 1933

19. UNDERTAKER Chas F. Black
(Address) 742 Widrotha ave

20. [illegible] 19[illegible] Registrar.

2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1932 to 12-31 1932

I last saw h alive on 12-31 1932 Death is said to have occurred on the date stated above, at 4:15 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	1917

Other contributory causes of importance:

Uncertain

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

12-31-32 If so, specify —

(Signed) Chas A. Reinhardt M. D.

(Address) Bath City Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

E 86083

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86083

CERTIFICATE OF DEATH

210-001

Registered No. 13-59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Cecelia Malone

(a) Residence: No. 2671 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced WIFE of James L Malone

6. DATE OF BIRTH (month, day, year) April 22, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Ferris

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Broderick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ester M. Donough

(Address) 2671 Pennsylvania Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan. 2, 1933

19. UNDERTAKER Martin Fahey Funeral Dir.

(Address) 1827 N. Howard St.

Registrar.

2 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 to , 19

I last saw h alive on Injury, 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured left femur	
Shock & Internal Injuries	12/31/32
Other contributory causes of importance:	
Struck by automobile	12/31/32

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/31, 1932

Where did injury occur? Penna Ave nr Custer (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury walking on street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L Thorny, M. D.

Coroner

(Address) 2206 E Monument

AACo. 5-31 250B

E 86084

E 86084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S.Marine Hospital. St. 12-51 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. 3 ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Martin, Samuel

(a) Residence: No. 156 L St. S.E., Washington, D.C., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15, 1887

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
45	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook -Navy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Elijah Martin

14. BIRTHPLACE (city or town) North Carolina (State or country)

MOTHER

15. MAIDEN NAME Rhoda Mitchell

16. BIRTHPLACE (city or town) North Carolina (State or country)

17. INFORMANT U.S.Marine Hospital Records
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date Jan 2nd 1933

19. UNDERTAKER J.J. Saffell.
(Address) Mount Olivet Cemetery

FILED JAN 2 1933 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 28th, 1932, to January 1, 1933.
I last saw him alive on January 1, 1933 death is said to have occurred on the date stated above, at 5:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right lower lobe	
Other contributory causes of importance:	
-	

Name of operation none Date of

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J.A. Abbott. M. D.
(Address) U.S.Marine Hospital, Baltimore, Maryland.

AACo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86085

CERTIFICATE OF DEATH

97 E 86085

Registered No. 15-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3122 Presbury St. Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? 64 yrs. mos. ds.

2. FULL NAME Ernest C. Fred. Geyer

(a) Residence: No. 3122 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Emilie H Geyer

6. DATE OF BIRTH (month, day, year) Jan. 2-1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	27 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emilie H Geyer
(Address) 3122 Presbury St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Jan 2 1933

19. UNDERTAKER Geo. L. Schwab.
(Address) 3101 Edmondson Ave

Filed ... 19... Registrar.

1-2-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30. 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1932 to Dec. 30 1932

I last saw h[illegible] alive on Dec. 28 1932 death is said to have occurred on the date stated above, at 21. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile debility - Edema	2 yrs

Other contributory causes of importance:

Arter. Sclerosis - Hemi - typ.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E. S. Burr M. D.

(Address) 46 Caldwell Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86086

E 86086

CERTIFICATE OF DEATH

Registered No. 94-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1749 Darley Ave St., 45 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter L. Beckmyer

(a) Residence: No. 1749 Darley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma F. Beckmyer

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman 12

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Provident Bank.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Wm. Beckmyer.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Catherine Knoblock

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT George W. Beckmyer.
(Address) 1749 Darley Ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore Date Jan 4, 1933

19. UNDERTAKER Chas. E. Olson
(Address) 3615-17 Chestnut Ave.

20. FILED Jan 5 1933 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1932 to January 1, 1933
I last saw him alive on December 31 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Pectoris (Coronary Arteriosclerosis)	3 days ago
Other contributory causes of importance: Cardiac Dilatation	1 day

Name of operation Date of

What test confirmed diagnosis Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Eisenberg M. D.

(Address) 2025 E North Ave

2 - 1933

A4Co. 5-11 2508

HEALTH DEPARTMENT CITY OF BALTIMORE

36087

CERTIFICATE OF DEATH

107-001

107 E 86087

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 900 E. Preston St., 9-14 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Evans

(a) Residence: No. 900 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced (or) WIFE of Z. Bond Evans

6. DATE OF BIRTH (month, day, year) Dec-22-1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Conrad Lerp

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Henrietta Lerp

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Z. Bond Evans
(Address) 900 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Jan. 3rd 1933

19. UNDERTAKER Fred. G. Thanner Jr.
(Address) 903 E. Fayette St. Baltimore, Md.
Huntington Pittsburgh, Pa.

2 1933 RPP
(Date Rec'd) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1- , 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932 to Jan 1st, 1933

I last saw h[illegible] alive on Jan 1, 1933 death is said to have occurred on the date stated above, at 8P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12/28/32
Other contributory causes of importance: Pulmonary edema	

Name of operation — Date of —

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Standish McCleary, M. D.

(Address) Balto. Md.

M. D. B. 1268-9

E 86088 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86088

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 18th Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Ford

(a) Residence: No. 205 N. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mable Ford

6. DATE OF BIRTH (month, day, year) 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer - S

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Charles Ford

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Eliza Anderson

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Mrs. M. Ford

(Address) 205 N. Poppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Great Falls, S. C. Date Jan. 2, 1933

19. UNDERTAKER Mrs Nellie R. Williams

(Address) 324 1/2 Druid Hill Ave. Huntington Williams, Inc.

20. FILED 2-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun wound of chest + stomach followed by infection of kidneys + internal injuries.	12/29/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 12/29/32

Where did injury occur? Balto, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

E 86089

HEALTH DEPARTMENT CITY OF BALTIMORE

E 86089

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2929 Kirk Ave) St., (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles E McCusker

(a) Residence: No. 2121 Kirk Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret McCusker

6. DATE OF BIRTH (month, day, year) May 24 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min
52	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Michael J McCusker

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Agnes Norris

16. BIRTHPLACE (city or town) (State or country) Allegheny Co Md

17. INFORMANT Margaret McCusker
(Address) 2121 Kirk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Cemetery Date Jan 3 1933

19. UNDERTAKER Jos J Stuart & Son
(Address) 1515 Druid Hill Ave

20. FILED ... Registrar.

JAN 4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932 to Jan 1, 1933 last saw him alive on Dec 31, 1932 death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic [redacted]	
Myocarditis Chronic	

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. H. Tyndall, M. D.

(Address) 817 Park Ave.

M. D. B. 1268-9

86090 266379 Med

HEALTH DEPARTMENT—CITY OF BALTIMORE

86090

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 7-13 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred / yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thelma Baer

(a) Residence: No. 821 N. Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) April 22-1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	— 8	— 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grad. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. H. H. 048

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME William Baer

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Rosa Jones

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Mt. Lebanon Cem. Pa. Date Jan 2 1933

19. UNDERTAKER John C. Whitehill & Son
(Address) 1901 Eutaw Place

20. FILED JAN 2 1933 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-20-1932 to 1-2-1933

I last saw her alive on 1-2-1933 Death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-28-32
Pneumococcus Type III	

Other contributory causes of importance:

Septicaemia	
Pneumococcus Type III	

Name of operation. ..... Date of .....

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Caroline C. Bedell M. D.

(Address) Johns Hopkins Hospital

Cor.—12-9-26—A Co—200 Blks.

E 86091

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86091

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1111 Bryn Mawr Av St. 27-53 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Fillmore Edwards

(a) RESIDENCE NO. 1111 Brynmawr Av St. Ward Augusta Ga

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 7 1913

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	19	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipper

(b) General nature of industry, business, or establishment in which employed (or employer) ins

(c) Name of employer Mrs. George Emery

9 BIRTHPLACE (city or town)

(State or country) Ferguson S C.

PARENTS

10 NAME OF FATHER Hunton Edwards

11 BIRTHPLACE OF FATHER (city or town)

(State or country) N C

12 MAIDEN NAME OF MOTHER Ella Green

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) N C

14 Informant Mrs. Winfred Edwards

(Address) 425 E Hamburg

15 Filed JAN 2 1933 Huntington Williams, M.D. Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/2 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Electrocuted by Power wire accidental

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) Thos. J. Morrissey M. D. Coroner

1/2, 1933 (Address) 1632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Augusta Ga Date of Burial Jan 2 1933

20 UNDERTAKER Leon Cook ADDRESS 121 E. Pratt

If death occurred in public institution, name it instead of street and number. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-28—M&T—500 Blks.

86092

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86092

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers Hospital St. 617 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Katharine Rogers

(a) RESIDENCE NO. 1412 N. Gay ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, ~~or Divorced, (write the word)~~: Widowed

5a If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Edwin Rogers

6 DATE OF BIRTH (month, day, and year) March 28-1877

7 AGE

Years	Months	Days	If LESS than 1 day, hrs or min
55	9	3.	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Forelady

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Segal Rothschild Umbrella Co

9 BIRTHPLACE (city or town) (State or country) Phila Penna

PARENTS

10 NAME OF FATHER Daniel Quillan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Phila Pa

12 MAIDEN NAME OF MOTHER Elizabeth McNeill

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Phila Penn

14 Informant Mrs Francis Ryan

(Address) 217 W. Preston St Phila

15 Filed JAN 3 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 28, 1932, to Jan 1, 1933

that I last saw h alive on Jan 1, 1933

and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Aortic aneurysm

(duration) 3 yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Autopsy

(Signed) A. J. Conery, M. D.

19 (Address) Vol. Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cemetery Philadelphia Pa

DATE OF BURIAL Jan 3rd 1933

20 UNDERTAKER Wm Cook

ADDRESS 3rd Paul St

TION IS very important. See instructions on back of certificates.

M. D. B. 126850

E 86093 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86093

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5202 St. George Ave 7-Roberts Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara S. Collins

(a) Residence: No. 5202 St. George Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of William H. Collins

6. DATE OF BIRTH (month, day, year) Nov 24th 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Gloucester Mass

FATHER

13. NAME William Barrett

14. BIRTHPLACE (city or town) (State or country) Gloucester Mass

MOTHER

15. MAIDEN NAME Clara Elwell

16. BIRTHPLACE (city or town) (State or country) Gloucester Mass

17. INFORMANT Susan M. Hanson

(Address) 5202 St George Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Gloucester, Mass. Date Jan 3rd 1933

19. UNDERTAKER Mrs Cook

(Address) 1217 St Paul St

Huntington Ave Boston, Mass

Registrar.

JAN 3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20 1929 to Dec 31 1932

I last saw him alive on Dec 31 1932 Death is said to have occurred on the date stated above, at 10.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	indefy
Other contributory causes of importance:	
Arteriosclerosis	"
Chronic Nephritis	indefy

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. A. Richardson M. D.

(Address) 117 W. 20th St

OCCUPATION IS very important. See instructions on back of certificate.

1-30—M & T.—100 B—50L

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86094

CERTIFICATE OF DEATH

1130 E 86094

REGISTERED NO. 24-33

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Grindall St. ST. WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William Berlau.

(a) RESIDENCE NO. 209 Grindall St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 3 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed or divorced HUSBAND of Elizabeth Beralu.

6 DATE OF BIRTH (month, day, and year) September 25, 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	6	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Baltimore City lamplighter.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Berlau.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Katherine Flowerhause.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Elizabeth Berlau. (wife)
(Address) 209 Grindall St.

15 Filed JAN 3 - 1933 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31, 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Nephritis.
Acute dilatation of the Heart.

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) Otto Reinhardt, M. D.
Coroner

12/31/32 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western

DATE OF BURIAL 1/3 1933

20 UNDERTAKER Wm Cook

ADDRESS 1717 St Paul St

TION is very important See instructions on back of certificate.

M. D. R. 1268-9

86095 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86095

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Hollins St. 18-29 Ward)

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Violet Schultz

(a) Residence: No. 917 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If ~~married, widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~

6. DATE OF BIRTH (month, day, year) Nov 21st 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Antone Schultz

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Catharine Hieser

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Bernard Hansberger

(Address) 917 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 3rd 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

2 FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31/ 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/28/ 1932 to 12/31/ 1932

I last saw ~~he~~ alive on 12/31/ 1932. Death is said to have occurred on the date stated above, at 7:45 P m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	History 12/27/32

Other **contributory causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard K. Ferry M. D.

(Address) 910 W. Lombard

M. D. B. 1268-9

E 86096

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86096

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1831 E. Chase St. 7-13 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Cerrito

(a) Residence: No. 1831 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or ~~WIFE~~ of) Josephine Cerrito

6. DATE OF BIRTH (month, day, year) July 27th 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Samuel Cerrito

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Citrano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT John Mercudino

(Address) 4804 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 3rd, 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED Jan 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1932 to Dec. 31, 1932. I last saw him alive on Dec. 31, 1932. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/29/32
Other contributory causes of importance:	

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene L. Cassagne M. D.

(Address) 514 Quincy Lane

M. D. R. 1208-0

E 86097

86097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6130 A. Donnell St. 26-37 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma G. Kramer

(a) Residence: No. 6130 A. Donnell St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Kramer

6. DATE OF BIRTH (month, day, year) June 11-1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo Holmes

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Snyder

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frank Snyder

(Address) 6130 A. Donnell St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 3 1933

19. UNDERTAKER John Lehnert

(Address) 2008 Orleans

20. FILED Jan 3 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 30 1932, to Dec 31 1932

I last saw h. alive on December 31 1932 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Incompetency	about 1924
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Herman F. Giering M. D.

(Address) 1600 Harlem Ave.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

86098 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86098

CERTIFICATE OF DEATH

V 18

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lyden ham Hospital St., 13-20 Ward)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 16 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Roger Duvall

(a) Residence: No. 2016 Linden Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mall	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 16 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Duvall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Leslie Maloney

16. BIRTHPLACE (city or town) (State or country) Iowa

17. INFORMANT John Duvall
(Address) 2016 Linden Av

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 3 1933

19. UNDERTAKER
(Address)

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1932, to Jan 2, 1933

I last saw him alive on Jan 2, 1933 death is said to have occurred on the date stated above, at 1 1/2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Meningococcus)	10/26/32
Other contributory causes of importance:	
Internal Hydrocephalus	11/10/32

Name of operation Spinal puncture Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Peter Meranski M. D.

(Address) Lyden ham Hospital

M. D. B. 1268-9

86099

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86099

CERTIFICATE OF DEATH

V 11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1012 Low St.) (5-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Jenkins

(a) Residence: No. 1012 Low St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Jenkins

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mildry Va

FATHER

13. NAME James Kidd

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Minnie Taylor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bruce Kidd

(Address) 131 N. Hill St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 1-3rd 1933

19. UNDERTAKER Byron & Mamie Wright

(Address) 1218 McElderry St

FILED 3 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1932 to Jan 1 1933

I last saw h alive on Jan 1 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 day

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) [illegible] M. D.

(Address) 56 Druid Park

M. D. R. 1288-0

86100

E 86100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Nolan

(a) Residence: No. Ilchester Falls, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Edward Nolan

14. BIRTHPLACE (city or town) (State or country) Ire

MOTHER

15. MAIDEN NAME Wilson

16. BIRTHPLACE (city or town) (State or country) Ire

17. INFORMANT Agnes Nolan

(Address) Ilchester Falls Md.

18. BURIAL, CREMATION, OR REMOVAL.

Place Forest Lawn Date Jan 5 1933

19. UNDERTAKER Blair & Brown

(Address) Ellicott City Md

1933 Jan 12 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17th, 1932 to Jan. 2nd 1933

I last saw him alive on Jan 2nd 1933 Death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Pulpe	
subacute Nephritis	12/1/32
Fatal Uraemia, thrombosis	12/3/32
Other contributory causes of importance:	
Phlebitis	12/27/32

Name of operation Radical mastoidectomy - Fatal thrombosis Date of 12/17/32

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. J. Uhrig M. D.

(Address) St. Joseph's Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-P

86101 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86101

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4203 Glenmore Ave. St., 26-42 Ward) 56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dorthea V. Dix

(a) Residence: No. 4203 Glenmore Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 9/1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John B. Dix

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Julia A. Cox

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John A. Dix
(Address) 4203 Glenmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place 6 Sister Evergreen Date Jan 3 1933

19. UNDERTAKER C. Edward Evans
(Address) 38 E Fort Ave

3 JAN 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at 4:15 am

The principal cause of death and related causes of importance were as follows:

Probably Rheumatic Endocarditis — Date of onset ??

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jos Horn M. D.
Coroner

(Address) 308 E Fort Ave

M. D. R. 1268-9

86102 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86102

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital) Ward

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 42 yrs. ... mos. ... ds.

2. FULL NAME Henry Brack

(a) Residence: No. 450 Light St. Balto (Ward)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Anna E. Brack

6. DATE OF BIRTH (month, day, year) Oct 8 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Power House

10. Date deceased last worked at this occupation (month and year) Dec 25, 1932

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna E. Martin
(Address) 1522 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Date June 6 1933

19. UNDERTAKER J. Howard Evans
(Address) 22 E. Hoffman Ave

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932, to Jan 2, 1933

I last saw him alive on Jan 2, 1933. Death is said to have occurred on the date stated above, at 3 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	12/1/32
Carcinoma Esophagus	?
Generalized Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Gastrostomy Date of 12/27/32

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Emil J. C. Hildenbrand M. D.

(Address) Univ. Hospital

E 86103

M. D. B. 1268-9

E 86103 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No.) Preston & Pulaski Sts. (or Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME

(a) Residence: No. (Usual place of abode) ____ St. ____ Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) ____

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) ____

FATHER

13. NAME ____

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME ____

16. BIRTHPLACE (city or town) (State or country) ____

17. INFORMANT (Address) ____

18. BURIAL, CREMATION, OR REMOVAL Place ____ Date ____

19. UNDERTAKER (Address) ____

20. FILED ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ____

22. I HEREBY CERTIFY, That I attended deceased from ____ to ____, 19____

I last saw h____ alive on ____, 19____ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough.	
Pneumonia	

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) ____ Coroner, M. D.

(Address) ____

M. D. H. 1268-9

86104 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86104

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Patapsco St. 23-34-50 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Agnes Pickett

(a) Residence: No. 1515 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert L. Pickett

6. DATE OF BIRTH (month, day, year) August 1, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75	4	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George Neiser

14. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Gambrill

16. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

17. INFORMANT Mr. Robert Lee Pickett
(Address) 1231 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Jan. 3 1933

19. UNDERTAKER Foster H. Cook
(Address) 1003 W. Baltimore St.

Jan 3 1933 ...19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1930 to Dec 31, 1932

I last saw her alive on Dec 30, 1932 Death is said to have occurred on the date stated above, at 4.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	
Other contributory causes of importance:	

Name of operation. Date of

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ...19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William A. Duncan M. D.

(Address) 1324 W. Lombard St.

M. D. B. 1268-0

E 86105

86105 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1219 N. Stricker St. 17th Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Thomas

(a) Residence: No. 1219 N. Stricker St., 17th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moveman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 640

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Laura Thomas
(Address) 1219 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 1-3-33

19. UNDERTAKER Sam'l Easton
(Address) 916 Pa ave.

20. FILED JAN 3 - 1933 Huntington Williams Dep. Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932 to Dec 31, 1932

I last saw him alive on Dec 30, 1932. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/28/32
Influenza	12/23/32

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. N. Hale M. D.

(Address) 1215 P. A.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1265-9

86106

HEALTH DEPARTMENT—CITY OF BALTIMORE

86106

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 908 E Pine St., 17-24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Westley Burgess

(a) Residence: No. 908 E. Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 16 1893

7. AGE: Years 39 | Months 8 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

074

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Jas. Burgess

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Irene Bonière.

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Irene Cook 1700 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: National Cem. Date: 1-3 1933

19. UNDERTAKER (Address): 916 Pa Ave

20. FILED JAN 3 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 Dec 30 1932

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
4 Days	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Fink M. D.
Coroner

(Address) Bronx

M. D. B. 1268-9

86107 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86107

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals (Ward) 48-26

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Warner Muse

(a) Residence: No. 837 W. Saratoga St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia

6. DATE OF BIRTH (month, day, year) Dec 16, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52.		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

FATHER

13. NAME Brinkley Muse

14. BIRTHPLACE (city or town) (State or country) Redwood, Va

MOTHER

15. MAIDEN NAME Sally Coates

16. BIRTHPLACE (city or town) (State or country) Redwood Va

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 1-3 1933

19. UNDERTAKER Smith Eastern
(Address) 916 Pennsylvania Ave

20. FILED JAN 3 1933 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1932 to Dec 31, 1932

I last saw h[illegible] alive on Dec 31, 1932 Death is said to have occurred on the date stated above, at 12-20 P. m.

The principal cause of death and related causes of importance were as follows: Arteriosclerosis — Date of onset ?

Other contributory causes of importance: Myocardial Insufficiency ?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Pheuse M. D.

(Address) Baltimore City Hosp

AACo. 5-31 250B

E 86108 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86108

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 Division St. 13-59 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James James

(a) Residence: No. 2314 Division St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillian Johnson
(Address) 2314 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1-3 1933

19. UNDERTAKER Mt Auburn Cem Assn
(Address) Druid Lane and Pa Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/26, 1932, to 1/2, 1933

I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	
Acute Pericarditis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. Van Kluttz, M. D.

(Address) 2330 Pa Ave

Spec.—2-20-28—L. & S.—500 Bks.

E 86109

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86109

CERTIFICATE OF DEATH

92-001

1—PLACE OF DEATH

REGISTERED NO. 16-67

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3019 Harlem Ave ST.) (WARD)

2—FULL NAME Sallie J. Johnston

(a) RESIDENCE NO. 3019 Harlem Ave ST., WARD Not BC.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6 If married, widowed, or divorced, HUSBAND of (or) WIFE of: Walter Johnston

6 DATE OF BIRTH (month, day, and year): Unknown

7 AGE: 67 Years — Months — Days — If LESS than 1 day, hrs. or min. —
about 67

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Prince George Co. Maryland

PARENTS

10 NAME OF FATHER: Samuel Johnston

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Antinett Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland

14 Informant: Mrs. Walter Brown
(Address) 3019 Harlem Ave.

15 Filed [illegible] 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1932, to Jan 1st, 1933, that I last saw her alive on Jan 1st, 1933, and that death occurred, on the date stated above, at 5:30 P (a.m.)

The CAUSE OF DEATH* was as follows:

Pneumonia Influenza.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chr. Valvular Disease of Heart. [illegible]

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical Findings.

(Signed) W. E. [illegible] M. D.

19 (Address) 207 Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: Jan. 3, 1933

20 UNDERTAKER: E. Leroy Stuffler, Inc. — ADDRESS: 1258 E. North Ave.

M. D. B. 1268-9

86110 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86110

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 6-10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick H. Blizzard

(a) Residence: No. #2311 Jefferson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Laura J. Blizzard

6. DATE OF BIRTH (month, day, year) Mar. 22nd. 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman at 62

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Mercantile Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Geo. Blizzard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry W. Blizzard

(Address) #4603 Arabia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 1/3/33 19

19. UNDERTAKER Philip Herring & Co

(Address) 2016 Eutaw St

FILED JAN 3 1933 Hattie Tomlinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h alive on ....., 19.... Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward J. Gegan M. D. Coroner

(Address) 1305 Eutaw St

M. D. B. 1268-9

E 86111 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 86111

93-004

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. #1539 Aisquith St. St., 9-18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna B. Krause

(a) Residence: No. #1539 Aisquith St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emil Krause

6. DATE OF BIRTH (month, day, year) July 21st. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME Wm. Sanders

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emil Krause
(Address) #1539 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 1/4/33, 19

19. UNDERTAKER Philip Herring & Co
(Address) 1016 E. Lanvale St.

20. FILED 1933 Huntington Williams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1/33 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 12.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance: History given of hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) P. H. Bauer M. D.
Coroner

(Address) 508 E. North Ave

86112 M. H. R. 268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86112

CERTIFICATE OF DEATH

106-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3526 Virginia Ave St. 27-56 Ward 30)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Reberman Wessel

(a) Residence: No. 3526 Virginia Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mabel Wessel

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sheet Metal 034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Isaac Weiss

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Freas

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Melvin M. Wessel

(Address) 3526 Virginia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Mt. Carmel Date 1-3-33. 19

19. UNDERTAKER Jos. Louis Sons.

(Address) 1432 E. Oaks Av.

20. FILED 1-3-33 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-33. 19

22. I HEREBY CERTIFY, That I attended deceased from June 15. 1932. to Jan 2. 1933

I last saw him alive on Jan 2. 1933. Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	6m
Other contributory causes of importance:	
Bronchiectasis	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm J Bayless M. D.

(Address) 2040 Eutaw

M. D. H. 1268-9

86113

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86113

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 6-9 St. ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 33 yrs. ... mos. ... ds.

2. FULL NAME Anne Abrams

(a) Residence: No. 29 N Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hillel

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Saul Shalowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Abramowitz
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Cem Date 1-3-33. 19

19. UNDERTAKER Jack Levin Inc
(Address) 1345 E Baltimore St.

20. FILED JAN 3 1933 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 . 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/31/32, 1932, to Jan 3, 1933

I last saw her alive on Jan 3, 1933 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	1923

Other contributory causes of importance:
Arteriosclerosis
Hypertension
Chr Emphysema & Asthma

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Howard Hanford Clay M.D.

(Address) Sinai Hospital

M. D. B. 1268-9

86114

HEALTH DEPARTMENT—CITY OF BALTIMORE 86114

CERTIFICATE OF DEATH

157-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2306 Bryant Ave St. 13-69 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irvin Ed. Kaller (Bronnalee)

(a) Residence: No. 2306 Bryant Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-9-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	2	24/25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Infant Bronnalee (adopted by Kaller)

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida Kaller

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis Inc
(Address) 439 E. Balto. St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 1-3-33, 19

19. UNDERTAKER Jack Lewis Inc
(Address) 439 E Balto St.

20. FILED Huntington Williams, Registrar

1-6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/27, 1932, to 3/3/33, 19.....

I last saw him alive on 3/3/33, 19..... Death is said to have occurred on the date stated above, at 5a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Congestive Heart disease	Bronchial 12/9/32

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) John A. Aaslin M. D.

(Address) 812 Medical Art Bldg

M. D. B. 1268-9

86115 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86115

CERTIFICATE OF DEATH

108

Registered No. 2331

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 1/2 W. Hamburg St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Walker

(a) Residence: No. 2 1/2 W. Hamburg St., 23 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jerome Walker

6. DATE OF BIRTH (month, day, year) June 8, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	5 6	2 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year) 12/22/32

11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME William Tom

14. BIRTHPLACE (city or town) (State or country) Alexandria Va

MOTHER

15. MAIDEN NAME Rachel Frost

16. BIRTHPLACE (city or town) (State or country) Alexandria Va

17. INFORMANT Jerome Walker
(Address) 2 1/2 W. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson County Date 1/ 1933

19. UNDERTAKER Walter J. Gough
(Address) 39 W. Hamburg St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31/1932

22. I HEREBY CERTIFY, That I attended deceased from 12/22/1931 to 12/31/1932

I last saw her alive on 12/30/1931. Death is said to have occurred on the date stated above, at 3.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation	12/29/32
Pulmonary Hypostasis	12/29/32
Respiratory Failure	12/29/32
Cardiac Failure	12/29/32

Other contributory causes of importance:

Acute Pneumonia	12/22/32

Name of operation Date of

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify

(Signed) W. M. Bishop M. D.

(Address) 709 Ahart St

AaCo. 5-11 2508

E 86116 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86116

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen Hosp St. 26-41 Ward)

Length of residence in city or town where death occurred 5 Yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E Cook

(a) Residence: No. 4919 Belair Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Anna M. Cook

6. DATE OF BIRTH (month, day, year) May 5 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery 34

10. Date deceased last worked at this occupation (month and year) 1924 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

FATHER

13. NAME Hazel R. Cook

14. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

MOTHER

15. MAIDEN NAME Elmira Stockdale

16. BIRTHPLACE (city or town) Balto. Co.
(State or country) Maryland

17. INFORMANT Ruth L Bland
(Address) Irving & Edmondson Aves.

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mt Cem Date Jan 4 1933

19. UNDERTAKER Frederick Lessner Sons
(Address) 7401 Belair Road

FILED JAN 3 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-30 1932 to 1-2 1933

I last saw him alive on 1-2 1933 death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar Pneumonia (Fatal)	12-31-32
Arterio-Sclerosis	1922
Diabetes Mellitus	1922

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Luban M. D.

(Address) South Baltimore Gen Hosp

M. D. H. 1268-9

E 86117 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86117

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. **PLACE OF DEATH**

CITY OF BALTIMORE: (No. Mercy Hosp. St. 16-67 Ward)

Length of residence in city or town where death occurred 52 yrs. 9 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. **FULL NAME** Frederick Wagner

(a) Residence: No. 3113 Pleasant St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. **DATE OF BIRTH** (month, day, year) March 9 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	9	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. **BIRTHPLACE** (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Frederick Wagner

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Ida A. Gross

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Hospital Records
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date 1/4/33 19

19. UNDERTAKER F. B. Kippert
(Address) 1300 Eutaw Place

FILED JAN 3 1933 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH** (month, day, year) Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1932 to Jan 1 1933

I last saw him alive on Jan 1. 1933 Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	12/30/32
Other contributory causes of importance: Chronic Nephritis with Uremia	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Louise S. Zuzuk M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

86118 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86118

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 E. Chase St. 10-14 Ward)

Registered No. E

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Magdalena Stebler

(a) Residence: No. 803 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gustave Stebler

6. DATE OF BIRTH (month, day, year): May 6 1850

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
82	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Folster

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Schubauer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John D. Stebler
(Address): 803 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Cemetery Date: Jan. 5 1933

19. UNDERTAKER: Henry Koch & Sons Inc
(Address): 1300 Eager St

[illegible] Huntington Williams Eng. N.Y.

JAN 3 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 30th 1932 to Jan 1st 1933

I last saw her alive on Dec 31 1932 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uterine Valvular Disease	
b Cancer of Esophagus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Hoffheimer M. D.

(Address) 1400 Eutaw Place

M. D. B. 1268-9

86119 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86119

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 10-14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Lyons

(a) Residence: No. 1222 N. Eden St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Dec 31, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	62		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Lyons

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Powers

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Elizabeth Lyons

(Address) 1222 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Cemetery Date Jan. 4 1933

19. UNDERTAKER Henry Steel Sons Inc.

(Address) 321 E Eager St

20. FILED 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from injury, 19 . to 19

I last saw h alive on injury, 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	12/31/32
Other contributory causes of importance:	
Struck by automobile	12/31/32

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/31, 1932

Where did injury occur? Caton Ave & Morley St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of Injury Struck by auto while

Nature of Injury crossing Street.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 2200 E Monument St.

Spec.—2-29-28—L. F. S.—500 Bks.

E 86120 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ E 86120

59

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 Lakeside Ave ST., 9-47 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary L. F. Hoffman

(a) RESIDENCE NO. 1710 Lakeside Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Hoffman

6 DATE OF BIRTH (month, day, and year) July 30, 55

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	81	5	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Gustav Engewald

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Lena F. Engewald

(Address) 1710 Lakeside

15 Filed 19 Registrar

N3 - 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 1, 33

17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1932, to Jan 1, 1933

that I last saw her alive on Jan 1, 1933

and that death occurred, on the date stated above, at 8 0 m.

The CAUSE OF DEATH* was as follows:

Coma

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Arteria Sclerosis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home, Md.

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Barnett B. Gallun, M. D.

19 (Address) 1401 Linden

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Pk.

DATE OF BURIAL 1/4 1933

20 UNDERTAKER Louis J. Lemmey

ADDRESS 322 Broadway

M. D. B. 1268-9

86121 E 86121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 Cuchenbowly St. 13-57 Ward)

Length of residence in City or town where death occurred 66 yrs. 0 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Campion

(a) Residence: No. 310 Cuchenbowly St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Helias Campion

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara C Schmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Albert Zimmerman

(Address) 310 Cuchenbowly

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 3 1933

19. UNDERTAKER H. Fred Sloan

(Address) Huntingdon Ave

Filed JAN 3 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26th 1932, to Jan 1st 1933.

I last saw h[illegible] alive on Jan 1st 1933. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days
Arterio-sclerosis	1 year

Other contributory causes of importance:

Chronic Nephritis	6 years

Name of operation None Date of ...

What test confirmed diagnosis? Sign & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) C A Chatard M. D.

(Address) 1201 N Calvert St

M. D. B. 1268-9

86122 E 86122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 18-16 Ward)

Registered No. 127-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bookes Brown

(a) Residence: No. 2221 Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1906

7. AGE | Years 24 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mullins S C

FATHER

13. NAME Raynor Bazen

14. BIRTHPLACE (city or town) (State or country) S C

MOTHER

15. MAIDEN NAME Mukyson

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Lizzie Johnson
(Address) 2221 N. Caroline

18. BURIAL, CREMATION, OR REMOVAL
Place Westwood Cem. Date Jan 7, 1933

19. UNDERTAKER Home Funeral Home
(Address)

20. FILED Jan 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 to Jan 1 19 33

I last saw h alive on Jan 1 19 33 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	2 days
Fecal	
Other contributory	

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leuch M. D.
Coroner

0039
(Address)

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86123

CERTIFICATE OF DEATH

E 86123

Registered No. 156

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N. Arlington Ave. St.) (Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leon John Hawkins

(a) Residence: No. 228 N. Arlington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 5, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Evergreen Ford

14. BIRTHPLACE (city or town) U. S.
(State or country)

MOTHER

15. MAIDEN NAME Flora Hawkins

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Flora Hawkins
(Address) 228 N Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Jan 3, 1933

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 222 N. Arlington Ave.

FILED JAN 3 - 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31st 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held an inquiry ~~19 to~~ and from said inquiry determined ~~I last saw him alive on 19~~ that death was caused as ~~I~~ Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Malnutrition — Date of onset Nov

Other contributory causes of importance:

Unknown

Name of operation — Date of —

What test confirmed diagnosis? Physical & Clinical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Guy H. Cromwell M. D.
Coroner

(Address) 203 Patapsco Ave. Brooklyn

M. D. B. 1268-9

E 86124

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86124

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. Carlton St. 18-76 Ward)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Peat

(a) Residence: No. 122 N. Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ of Beulah Peat

6. DATE OF BIRTH (month, day, year) ? ? 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Georgia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Lettie Taylor

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Marshall F. Towers

(Address) 19 N. Schroder St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Jan 3, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Lanvale St.

FILED Jan 3 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1932

22. I HEREBY CERTIFY, That I ~~attended~~ deceased from and found death due to Pulmonary Tuberculosis on the date stated above, at m.

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset —

Other contributory causes of importance:

Hypertension

Name of operation — Date of —

What test confirmed diagnosis? Physical sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Guy N. Cromwell, M. D.
Coroner

(Address) 203 Patapsco Ave. Brooklyn

A4Co. 5-31 250B

E 86125 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86125

11-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2812 Goodwood Road St. 27-44 (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Zepp

(a) Residence: No. 2812 Goodwood Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma F. Zepp

6. DATE OF BIRTH (month, day, year) Feb. 28, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Emma F. Zepp
(Address) 2812 Goodwood Road

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan 4 19 33

19. UNDERTAKER Frederick Rosenheyer
(Address) 7401 Belair Road

20. FILED 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1932 to Jan 1, 1933

I last saw h alive on Jan 1, 1933 death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	

Other contributory causes of importance:

Influenza + Pneumonia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No if so, specify

(Signed) Chas Smith M. D.

1/2/33 (Address) 4706 Harford Rd

M. D. R. 1268-9

86126 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86126

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 30 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Arthur Bean

(a) Residence: No. Great Mills, St. Mary's Co., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 21, 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Great Mills Md.

FATHER

13. NAME P. J. Bean

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah Goodrich

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

17. INFORMANT P. J. Bean
(Address) Great Mills, Md

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Co.
Place St. Nicolas Cem. Date Jan 5, 1933

19. UNDERTAKER E. L. Robinson
(Address) Leonardtown, Md

20. FILED JAN 3 1933 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Jan 3, 1933

I last saw him alive on Jan 3, 1933. Death is said to have occurred on the date stated above, at 6:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound - perforating of abdomen	1-2-33
Multiple perforations wds of ileum & mesentery	"
Generalized peritonitis	"

Other contributory causes of importance:

Name of operation Resection of intestine Date of 1-3-33

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: accident
Accident, suicide, or homicide? ..... Date of injury 1-2, 1933

Where did injury occur? Great Mills, St Mary's Co, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on farm

Manner of injury Gun shot

Nature of injury Perforating wd of Abdomen

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Turner Moore, M. D.

(Address) University Hospital

AACo. 5-11 250R

HEALTH DEPARTMENT CITY OF BALTIMORE

E 86127

CERTIFICATE OF DEATH

82-E 86127

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Division St. 1459 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jones

(a) Residence: No. 2109 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oscar Jones

6. DATE OF BIRTH (month, day, year) 3-15-1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Brewer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Thompson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Pearl Hall 2109 Division St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1-3 1933

19. UNDERTAKER Fuhrman & Kelson
(Address) 1303 Pennsylvania Ave

20. FILED JAN 3 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/16, 1932, to 12/31, 1932

I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) ....., M. D.

(Address) .....

Spec.—1-12-23—M&T—500 Blks.

E 86128

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86128

CERTIFICATE OF DEATH.

124-002

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1114 N. Calhoun St. (Ward) 16-22

2-FULL NAME Hannah Griffin

(a) RESIDENCE NO. 1114 N. Calhoun St. WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced, (write the word): widowed

8 If married, widowed, or divorced HUSBAND of (or) WIFE of: Griffin

6 DATE OF BIRTH (month, day, and year): 3-17-182

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	52 yrs	10	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: Solomon Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Alsie Pope

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Westmoreland Co Va

14 Informant: Evelyn Griffin

(Address) 1114 N. Calhoun St.

15 Filed 1-3-1933 Huntington Williams N.T. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 1 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec-1, 1932, to Jan 1, 1933.

that I last saw her alive on Dec-31, 1932

and that death occurred, on the date stated above, at 4.30 A m.

The CAUSE OF DEATH*, was as follows:

1. Cirrhosis of the liver

(duration) unknown

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) W. T. Coleman, M. D.

Jan 3, 1933 (Address) 2039 McCulloh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Millersbrook. Va

DATE OF BURIAL: 1-3 1933

20 UNDERTAKER: Thomas C. Nelson.

ADDRESS: 303 Preston St

Spec.—1-30—M. & T.—250 Blks

E 86129

E 86129

HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S Patterson Pk ST. 3 WARD)

2-FULL NAME Jadwiga Ochal

(a) RESIDENCE NO. 10 S Patterson Pk ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 12 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	60	2	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER John Ochal

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Poland

12 MAIDEN NAME OF MOTHER Unk.

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Poland

14 Informant Mary Drika
(Address) 10 S Patterson Pk

Filed JAN 3 1933 Huntington Avenue, N.J.
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 31/32

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1932, to Dec. 31, 1932, that I last saw her alive on Dec. 21, 1932, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Terminal Pneumonia
(duration) yrs. mos. ds.

18 Where was disease contracted —
If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? P.S.4 S.

(Signed) John J. Kruger, M. D.

, 19 (Address) 262 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary

DATE OF BURIAL Jan 4 1933

20 UNDERTAKER P W Bazerski 1930

ADDRESS Eastern Ave

86130

E 86130

50

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 26-71

1 PLACE OF DEATH

County Baltimore city

City Baltimore (No. 518 Old Orchard St. Ward)

(If death occurred in hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louise N. New

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

DATE OF BIRTH: March 7 (Month) (Day) 1855 (Year)

AGE: 72 yrs. 7 mos. 25 ds. | If LESS than 1 day ... hrs. or ... min.?

OCCUPATION
(a) Trade, profession or particular kind of work: Nurse
(b) General nature of industry, business, or establishment in which employed or (employer)

BIRTHPLACE (State or country): New York

10 NAME OF FATHER: Frederick Dinger

11 BIRTHPLACE OF FATHER (State or country): Switzerland

12 MAIDEN NAME OF MOTHER: Caroline ?

13 BIRTHPLACE OF MOTHER (State or country): Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Earl F. New

(Address) 518 Old Orchard Rd.

Filed ... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 1 (Month) (Day) 1923 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Nov 20 1922 to Jan 1 1923, that I last saw h[illegible] alive on Jan 1 1923, and that death occured on the date stated above, at 5 P. m.

The CAUSE OF DEATH * was as follows:

Dilatation heart
Uremia

(Duration) ... yrs. ... mos. 1 ds.

Contributory (Secondary): Nephritis - Chronic
Arteriosclerosis - Pellagra

(Duration) 3 yrs. ... mos. ... ds.

(Signed) [illegible] M. D.

Jan 1 1923 (Address) [illegible]

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Loudon Park Cemetery

DATE OF BURIAL: Jan 4th 1923

20 UNDERTAKER: George J. Smith

ADDRESS: Gieson & Collins

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

M. D. B. 1268-9

E 86131 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1530 Hollins St. St., 14-28 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Catanzaro

(a) Residence: No. 1530 Hollins St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Catanzaro

6. DATE OF BIRTH (month, day, year) May 28, 1870.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	7	5 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Santo Purpura

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Un known

16. BIRTHPLACE (city or town) (State or country) Un known

17. INFORMANT Joseph C. Catanzaro (son)

(Address) 4901 Ivanhoe Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan. 5, 1933

19. UNDERTAKER F. Leyon Kushner

(Address) 1522 Hollins St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932 to Jan 2, 1933

I last saw her alive on Jan. 2, 1933 Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/31/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. D. Prigeon M. D.

(Address) 1324 W. Lombard St.

M. D. H. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86132

CERTIFICATE OF DEATH

E 86132

93-203

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 811 St Paul (St.) 10-14 (Ward)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 14 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Charles Henry Carter

(a) Residence: No. 811 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Daingerfield Carter

6. DATE OF BIRTH (month, day, year) Feb 19 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer 042

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Bernard Carter

14. BIRTHPLACE (city or town) (State or country) Prince Georges Co Md

MOTHER

15. MAIDEN NAME Mary B Ridgely

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

17. INFORMANT Mrs. Sarah Daingerfield Carter

(Address) 811 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Jan 5 1933

19. UNDERTAKER Henry W. Kirk & Sons Co

(Address) Charles & Madison Sts

Jan 3 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to Jan 2 1933

I last saw h alive on Jan 1 1933 Death is said to have occurred on the date stated above, at 12.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. Hyper- & Intra Pneumonia)	Dec 32
Other contributory causes of importance: Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. B. Farnandis M. D.

(Address) Huntington Williams Md

M. D. B. 1268-0

86133

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86133

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 131

CITY OF BALTIMORE: (No. Balto Md St. 4-28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Earl Buck Life

(a) Residence: No. 1505 N. Henry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-6-1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	—	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 070

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Tyson Buck

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Edith Harmer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Cloyd Ball (Address) City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Jan. 4, 1933

19. UNDERTAKER Harry G. Little & Son (Address) 4101 Edmondson Ave.

20. FILED ... 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1-33

22. I HEREBY CERTIFY, That I attended deceased from 12-12-32 to 1-1-33

I last saw her alive on 1-1-33 Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebrum with left hemiplegia	12-11-32
Other contributory causes of importance:	
Hypertension	?
Nephritis chronic	?
	?
	?

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

1-2-33 (Signed) Elmer Hightower M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86134

CERTIFICATE OF DEATH

E 86134 ~108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St. (Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth Pease

(a) Residence: No. 2603 Pine Lawn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Pease

6. DATE OF BIRTH (month, day, year) Sept 24, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Augustus Kuehn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Luther

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Jan. 4, 1933

19. UNDERTAKER Harry H. Kniffen and Co.
(Address) 4101 Pennsylvania Ave

JAN 3 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932 to Jan 2, 1933

I last saw her alive on Jan 2, 1933 Death is said to have occurred on the date stated above, at 1.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia -	10 days
Pneumococcic Bacteriemia	?
(Pneumococcus Type I)	

Other contributory causes of importance:

Name of operation Clinical, Lab. & Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

AaCo. 5-11 2500

86135 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 E 86135

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1304 Glyndon Ave St. (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Baby Girl Miles

(a) Residence: No. 1304 Glyndon St., ...Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-31-32

7. AGE	Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER FATHER

13. NAME August Miles

14. BIRTHPLACE (city or town) Balto
(State or country) Md

15. MAIDEN NAME Edith Behnken

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cem. Date Jan 3rd, 19 33

19. UNDERTAKER .....
(Address)

Jan 3 1933 19 ..... Registrar.

0004

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1932 to 1-1, 1933

I last saw her alive on 1-1, 1933 death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Exposure	
Other contributory causes of importance:	
Premature	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Joseph J. Lankenau M. D.

(Address) 629 Washington Blvd

M. D. B. 1268-9

86136

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86136

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Etting St. 44-59 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Boy Blackwell

(a) Residence: No. 2206 Etting St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/29/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Laurence Lawson

14. BIRTHPLACE (city or town) (State or country) Northumberland Va.

MOTHER

15. MAIDEN NAME Edna Blackwell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Edna Blackwell

(Address) 2206 Etting St.

18. BURIAL, CREMATION, OR REMOVAL

Place ...-Med College Date ..... 19...

19. UNDERTAKER .....

(Address) .....

20. FILED 3-1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932 to Dec 31, 1932

I last saw him alive on Dec 31, 1932 Death is said to have occurred on the date stated above, at 12:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Haemorhagic Disease of the New-Born.	12/31/32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. Alexander Lowry M. D.

(Address) 1516 Madison Ave.

3-1933 0005

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86137

CERTIFICATE OF DEATH

23 E 86137

1. PLACE OF DEATH Baltimore City Hospitals (Fb.) Registered No.

CITY OF BALTIMORE: (No. ..... St. 4-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Morton

(a) Residence: No. 2 S. Frederick st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): May 20, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (city or town) (State or country): Richmond Virginia

FATHER

13. NAME: Matthew Morton

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19..

19. UNDERTAKER
(Address) Huntington Williams, Inc.

FILED ..... 19.. Registrar.

3-1933007

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1932 to January 1, 1933

I last saw him alive on January 1, 1933. Death is said to have occurred on the date stated above, at 2.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec. 31, 1932
Pulmonary tuberculosis	Oct. 1931
Other contributory causes of importance:	
Hypertension	Unknown
Arteriosclerosis	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bennett A. Stacey, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86138

CERTIFICATE OF DEATH

45 E 86138

1. PLACE OF DEATH Balto City Hospitals — Ward 26-31

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____ Ward)

Length of residence in city or town where death occurred 62 yrs. 2 mos. 1 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Cora Ranier

(a) Residence: No. Balto City Infirmary St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 28-1870

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nelson Ranier

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rachael McCauley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL.
Place J. H. Med College Date June 3 1933

19. UNDERTAKER
(Address)

20. FILED 3-1933 0008 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-17 1930 to 12-29 1932

I last saw he alive on 12-29 1932 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Tonsil with Regional Metastasis	1931
Other contributory causes of importance: Bronchopneumonia	12-26-32

Name of operation No Date of —

What test confirmed diagnosis? CF Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of Injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so specify ____

(Signed) Wm Bruce Gelsinger M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86139 CERTIFICATE OF DEATH E 86139

Registered No. .....

1. PLACE OF DEATH Boer City Hospital 23

CITY OF BALTIMORE: (No. Boer and) St. 17-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Cunningham

(a) Residence: No. 62 George St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-3-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) ? N. C.

FATHER

13. NAME Calvin Cunningham

14. BIRTHPLACE (city or town) (State or country) ? NC

MOTHER

15. MAIDEN NAME Janie Abey

16. BIRTHPLACE (city or town) (State or country) ? SC

17. INFORMANT Records Boer City Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Medtelage Date Jan 3 1933

19. UNDERTAKER

(Address)

20. FUNERAL DIRECTOR'S ADDRESS

R-1933-0009

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-32

22. I HEREBY CERTIFY, That I attended deceased from 12-26-32 to 12-29-32

I last saw h... alive on 12-29-32 Death is said to have occurred on the date stated above, at 9.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	12-15-32

Other contributory causes of importance:

Pneumothorax	12-15-32

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-30-32 (Signed) Elmer Hirschfeld Coroner

(Address) Boer City Hospital

Commissioner of Health.

M. D. B. 1268-9

E 86140 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86140

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals, 407-001

CITY OF BALTIMORE: (No. Baltimore, Md. 12-27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Taylor

(a) Residence: No. Baltimore City Hospitals St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-14-1844

7. AGE: Years 88 | Months 11 | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Purnell Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 3 19 33

19. UNDERTAKER

(Address)

1933 Huntington Williams, Md.

0010 (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 19 32

22. I HEREBY CERTIFY, That I attended deceased from 12-27 19 32 to 12-29 19 32

I last saw h alive on 12-29 19 32 Death is said to have occurred on the date stated above, at 6:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-27-32

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? General Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

12-30-32 (Signed) Elmer A. Higbee M.D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

E 86141

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86141

CERTIFICATE OF DEATH

Registered No. 1723

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Pierce St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Harris

(a) Residence: No. 631 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date , 19

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar.

OCCUPATION is very important. See instructions on page 2.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zeller Coroner, M. D.

12/26/32 (Address) 2309 Eutaw Ave

M. D. B. 1268-9

E 86142 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86142

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-7 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Penn Marks

(a) Residence: No. Denver Col St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 57

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date ..... 19..

19. UNDERTAKER
(Address)

DEC 3 1933

Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Double)	Dec 8
Other contributory causes of importance: Diabetis & Chronic Nephritis	

Name of operation none Date of .....

What test confirmed diagnosis Laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

Signed James M Fenton M. D.
Coroner

Address 700 E Chase

M. D. B. 1268-0

86143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86143

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1140 Watson St. 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Taylor

(a) Residence: No. 1140 Watson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Emanuel

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER / FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Emanuel Taylor

(Address) 1140 Watson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 3, 1932

19. UNDERTAKER Geo. C. Jones

(Address) Huntingtown Williamsport, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobo Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. J. Kerrigan M. D. Coroner

(Address) 1003 N. Paca St.

B. 1020013

M. D. B. 1268-9

E 86144

HEALTH DEPARTMENT—CITY OF BALTIMORE

23 E 86144

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (7b.) 6-4

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Rowley

(a) Residence: No. 109 N. Bond st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Jake Rowley

14. BIRTHPLACE (city or town) (State or country) Virginia ?

MOTHER

15. MAIDEN NAME Josephine Cutter

16. BIRTHPLACE (city or town) (State or country) Maryland ?

17. INFORMANT Hospital Records

(Address) B.C.H.

18. BURIAL, CREMATION, OR REMOVAL

Place U. of Md Med College Date June 6 19 33

19. UNDERTAKER ...

(Address) Washington Funeral Home

Filed JUN 3 1933 19 ... 0011 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21 1932

22. I HEREBY CERTIFY, That I attended deceased from December 20 1932 to December 21 1932

I last saw him alive on December 21 1932. Death is said to have occurred on the date stated above, at 10.45 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset June 1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bennett A. Glaser M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

Body retained as specimen

E 86145 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86145

CERTIFICATE OF DEATH

154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 9-47 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Lamley

(a) Residence: No. 700 E 35th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Dec. 8, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ? Hartman ??

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Edna Lamley

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Union Mem. Hosp. Date Jan 3, 19 33

19. UNDERTAKER .....
(Address)

20. FILED 1933 Huntington Williams M.D. Registrar.

001?

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29th, 1932 to Jan 2nd, 1933

I last saw h.. alive on Jan 2nd, 1933 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	Birth
Prematurity	Birth

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Spence Jr. M. D.

(Address) Union Memorial Hosp

M. D. B. 1268-9

E 86146 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86146

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Balto City Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto md 21-24 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Frank Ambrose Bamber

(a) Residence: No. 721 Berry St (Corr St.) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Penna

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Jennie Harper

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Record Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cella Cemetery Date Jan 6, 1933

19. UNDERTAKER H. D. Higgins Sons Inc Baltimore Md
Registrar. 19

20. [illegible] 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1932, to 1-1, 1933

I last saw him alive on 1-1, 1933 Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	12-27-32

Other contributory causes of importance:

Coma

Name of operation — Date of —

What test confirmed diagnosis? Casual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

1-6-33 (Signed) Edwin Hochberger M. D.

(Address) Balto City Hospitals

M. D. B. 1268-B

36147

HEALTH DEPARTMENT—CITY OF BALTIMORE 36147

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2232 E Oliver St. 8-16 Ward)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helena Hamilton

(a) Residence: No. 2232 E Oliver St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jno D. Hamilton

6. DATE OF BIRTH (month, day, year) Oct 30 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Abraham Carre

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Ramate

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Miss Grace Hamilton
(Address) 2232 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 4 1933

19. UNDERTAKER John Ulbrecht
(Address) 2008 Eastern Ave

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 - 28, 1932, to Jan 1 - 33, 19.. d.
I last saw h.. alive on Dec 21 - 32 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1st

Other contributory causes of importance:

Arterio Sclerosis.	
Chronic Interstitial Nephritis	June 1st

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alma B Pullman M. D.

(Address) 1521 Pattison Place

M. D. B. 1268-9

86148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86148

157-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 227 N Washington St Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Kirby

(a) Residence: No. 227 N Washington st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3 - 33

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 1 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

MOTHER FATHER

13. NAME Charles Kirby

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Margaret Lamm

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Charles Kirby
(Address) 227 N Washington

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 4 1933

19. UNDERTAKER Martin & Epstein Inc
(Address) 37 Lanvale St

Jan 1933 Huntington Williams Nurse
(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-2-33 to 1-3-33 and last saw h alive on 1-2-33 Death is said to have occurred on the date stated above, at 3:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pyelitis Uremia (Coma)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

M. D. H. 1268-9

86149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 E 86149

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 8-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary V. Welsh

(a) Residence: No. 2303 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard J. Welsh

6. DATE OF BIRTH (month, day, year) Feb 11/1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER FATHER

13. NAME Michael Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Rose Quinn

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Lee Welsh (son)

(Address) 2303 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/5 1933

19. UNDERTAKER Margaret A. Flynn

(Address) 922 N. Eutaw St.

20. FILED 1-5-1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Collapse	
Iodine Poisoning	2 hrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Suicide

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so specify ...

(Signed) L. J. Hoen Coroner, M. D.

(Address) 108 E North Ave

A&Co. 5-31 250B

86150

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86150

CERTIFICATE OF DEATH

~ 108

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2319 Ashland Ave St. 7-17 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma L. Milburn

(a) Residence: No. 2319 Ashland Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, ~~widowed~~, or divorced HUSBAND of (or) WIFE of Robert J. Milburn

6. DATE OF BIRTH (month, day, year) June 27 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) St. Marys city (State or country) Md

FATHER

13. NAME Joshua Hewitt

14. BIRTHPLACE (city or town) St Marys Co (State or country) Md.

MOTHER

15. MAIDEN NAME Jane Redmond.

16. BIRTHPLACE (city or town) St Marys Co (State or country) Md.

17. INFORMANT Robert J. Milburn

(Address) 2319 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Jan 1933

19. UNDERTAKER Eugene Gaus Sons

(Address) 1111 Montpelier.

Filed 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 32, 19 32, to Jan 1, 19 33

I last saw h[illegible] alive on Jan 1 19 33 death is said to have occurred on the date stated above, at 2:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/29/32
Acute Cardiac dilatation	1/1/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William J. Gould, M. D.

(Address) 801 Cathedral St

M. D. B. 1268-0

86151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86151

8-45-95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636-Darley Ave. St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Marie Madgelene Burry

(a) Residence: No. 1636-Darley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Burry

6. DATE OF BIRTH (month, day, year) 3/22/1866

7. AGE Years	Months	Days	If LESS than 1 day, or ..... min.
66	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME David Schwartz

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Marie Schwartz

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Samuel Burry
(Address) 1636-Darley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Jan 5 33

19. UNDERTAKER [illegible]
(Address) 1735-Hartford Ave. Huntington Woods, Mich.

20. FILED ..... 19 ..... Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1932 to Jan 3, 1933.

I last saw h.e alive on Jan 2, 1933 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	1928

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fritz J. Johnson M. D.

(Address) 2300 Harlem Ave. B. A.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86152 E 86152

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH Enroute to

CITY OF BALTIMORE: (No. John Hopkins Hospital 3-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 Years mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Trevisonno

(a) Residence: No. 330 South Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Michele Trevisonno

6. DATE OF BIRTH (month, day, year): About 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Larino Italy

FATHER

13. NAME: Pasquale Fratangelo

14. BIRTHPLACE (city or town) (State or country): Larino Italy

MOTHER

15. MAIDEN NAME: Maria Domenica Muccini

16. BIRTHPLACE (city or town) (State or country): Larino Italy

17. INFORMANT (Address): Michele Trevisonno 330 South Eden Street

18. BURIAL, CREMATION, OR REMOVAL Place: Holy Redeemer Cem. Date: Jan. 4, 1933

George W. Rutz Son

19. UNDERTAKER (Address): 347 S. Washington Ave. Bethlehem, Pa.

FILED 1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31/32 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 . I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 9.30 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Reported Hypertension

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. A. Pace M. D.

Coroner

(Address) 518 E Lombard

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86153 E 86153

CERTIFICATE OF DEATH

Registered No. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. S. Hospital St., (If not in hospital, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Keller

(a) Residence: No. 1912 N. Patterson Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen L. nee Kulenick

6. DATE OF BIRTH (month, day, year) Oct 26, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	39	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Emil Keller

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Helen L. Keller

(Address) 1926 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 1/4 '33

19. UNDERTAKER Harry H. Gutzler

(Address) 410 Edmondson Ave

Huntington Williams, M.D.

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1, 1933

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Sclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Romano Coroner, M. D.

(Address) 2412 Roland

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86154

CERTIFICATE OF DEATH

13/ E 86154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4200 Stanwood Ave. Ward) 6-41

Length of residence in city or town where death occurred 35 yrs. ... mon. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman T. Fritsche

(a) Residence: No. 4200 Stanwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or race: White | 5. Single, Married, Widowed, or ~~Divorced~~ (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elizabeth Fritsche

6. DATE OF BIRTH (month, day, year): Nov 21 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): German

FATHER

13. NAME: Carl Fritsche

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Marie Kennade

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Elizabeth Fritsche
(Address) 4200 Stanwood Ave.

18. BURIAL, CREMATION, OR REMOVAL: Pearlwood Date 1/4/33

19. UNDERTAKER: Geo Leimbach
(Address) 1 25 N. Howard St. Huntington Williams N.Y.

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/1/33

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1932 to Jany 33 1933

I last saw h... alive on 1/1/33 and death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

Congestion Lungs — Date of onset

Other contributory causes of importance: Convulsions

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) W. L. Lore M. D.

(Address) Lore & Southern

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86155 E 86155

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 340 S. Franklintown Rd 90-64 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 2 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Edward Baum Jr.

(a) Residence: No. 340 S. Franklintown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Nov 1st 1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	2	2 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. E. Baum

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Agnes Baum

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Wm. E. Baum

(Address) 340 S. Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 1/4/33

19. UNDERTAKER E. B. Wippert

(Address) 1850 W. Baltimore, St.

3 JAN 1933 Huntington Williams M.D. Registrar.

P.O.K.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1932, to January 2, 1933

I last saw h.im alive on January 1, 1933. Death is said to have occurred on the date stated above, at 1.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Back & Generalized Metastases	April 1932.

Other contributory causes of importance:

Cachexia

Terminal Pneumonia

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. E. Weeks M. D.

(Address) 2347 West North Ave

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 1268-3

HEALTH DEPARTMENT—CITY OF BALTIMORE

86156

CERTIFICATE OF DEATH

E 86156

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 James St 21-24 Ward)

Length of residence in city or town where death occurred 57 yrs. 11 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Doering Sr.

(a) Residence: No. 1329 James St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Barbara Doering

6. DATE OF BIRTH (month, day, year): Jan. 17, 1875

7. AGE: Years 57 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 084

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Andrew Doering

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Barbara Doering

(Address): 1329 James St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Jan 5th 1933

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED: 1-3-1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from held an. 19.. to ... inquiring 2nd. I last saw h.. alive on ... Found from said inquiry that Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset: Suddenly

Other contributory causes of importance:

Unknown if any.

Name of operation None Date of ...

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Guy M. Cromwell M. D.

1/3/33 (Address) 203 Patapsco Ave. Brooklyn Coroner

M. D. B. 1268-9

E 86157

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86157

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hos. St. 27-44 (Ward)

Length of residence in city or town where death occurred Life yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Kinnilly

(a) Residence: No. 1149 Wilkens Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Kinnilly

6. DATE OF BIRTH (month, day, year) Aug 15 1849

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or ....min.
83	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Russell F. Miller

(Address) 1407 E 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Jan 5 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JAN 3 1933, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance: Arteriosclerosis Fracture of L. Femur

Name of operation ..... Date of .....

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury Dec 5, 1932

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fracture of L. Hip

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

86158

CERTIFICATE OF DEATH.

108

E 86158

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 729 Mc Henry St. 21-29 (Ward)

2-FULL NAME John Edward Weigman

(a) RESIDENCE NO. 729 Mc Henry St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) Mar 20th 1928

7 AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	10	9	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Scholar

(b) General nature of industry, business, or establishment in which employed (or employer) Public School

(c) Name of employer _____

9 BIRTHPLACE (city or town) Balto

(State or country) Md.

10 NAME OF FATHER Edward Weigman

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Marie Geisler

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Balto Md.

14 Informant Marie Geisler

(Address) 1047 W. Baltimore St

15 FILED Jan 8 1933 16 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 2nd 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, Autopsy or Inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ____ yrs. ____ mos. 3 ds.

CONTRIBUTORY (Secondary) _____

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Ed Gaw Fuller M. D.

(Coroner)

1-3, 1933 (Address) 739 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death.....yrs.. ....mos.. ....ds. In the State ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery Date of Burial: Jan 7th 1933

20 UNDERTAKER: Wm Cook ADDRESS: 1217 St Paul St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86159

CERTIFICATE OF DEATH

107-001

E 86159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3455 Old Frederick Rd Ward 10)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sallie E. Smith

(a) Residence: No. 3455 Old Frederick Rd Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of .....
(or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Apr 27th 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER FATHER

13. NAME Thomas B. Smith

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Sallie E. Englar

16. BIRTHPLACE (city or town) Westminster (State or country) Md

17. INFORMANT Mrs John A. Mason
(Address) 2013 W. Balto St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 4th 1933

19. UNDERTAKER Wm Cook
(Address) 1243 E. Baltimore St

1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1926 to Jan 1st 1933

I last saw h.e alive on Jan 1st 1933. Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans	1926
Other contributory causes of importance: Bronchio-Pneumonia	Dec 30 1932

Name of operation No Date of .....

What test confirmed diagnosis Physical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Elliott W. Johnson, M. D.

(Address) 3430 Frederick Ave

M. D. B. 1268-9

E 86160

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86160

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Bonsal St. 24-37 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Esther Dot Cooper

(a) Residence: No. 1127 Bonsal St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Wilson Cooper

6. DATE OF BIRTH (Month, day, year) Oct 31 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

FATHER

13. NAME Edward Benjamin Jackson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rosa Matilda Jackson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ruth Esther Cooper Daughter

(Address) 1127 Bonsal St.

18. BURIAL, CREMATION, OR REMOVAL Place St Johns (Waverly) Date Jan 4 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

Registrar.

FILED 1-3-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2, 1933

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1932 to January 2, 1933

I last saw h alive on January 2, 1933 Death is said to have occurred on the date stated above, at 30 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertension, cardio vascular renal disease	10 yrs
Other contributory causes of importance: Cardiac dilatation	12/22/32

Name of operation , Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Albert E. Sikorsky M. D.

(Address) 1939 Eutaw St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86161

CERTIFICATE OF DEATH

13 E 86161

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 330 Radnor Ave 27-45 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Stuck

(a) Residence: No. 330 Radnor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sallie Stuck

6. DATE OF BIRTH (month, day, year) About 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 78	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Charles Stuck

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret Mitchell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Stuck

(Address) 330 Radnor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to Jan 3 1933

I last saw h alive on Jan 2 1933. Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Interstitial Nephritis	Unk
	6 mo
	ago

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H C Kress M. D.

(Address) 5600 York Rd

M. D. B. 1268-D

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86162 E 86162

CERTIFICATE OF DEATH

Registered No. 440

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 N Chapel St. 7-13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Starke

(a) Residence: No. 1041 N Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Starke

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bkry Co

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

PERSONAL AND FAMILY

13. NAME Frederick Starke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Starke

(Address) 1028 N Chapel

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Jan 4th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Jan 3 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1932 to Jan 2 1933

I last saw him alive on Jan 1 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Gastric)	

Other contributory causes of importance:

— Exhaustion —

Name of operation / Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W W White Jr M. D.

(Address) 2800 St Paul Jan 3-1933

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86163 E 86163

CERTIFICATE OF DEATH

98

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2-4-33 Ward)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Ellen Kelly

(a) Residence: No. 631 Harvey St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John Kelly

6. DATE OF BIRTH (month, day, year) Nov 8, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	1	26 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ~~X~~ 11. Total time (years) spent in this occupation ~~X~~

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Quaid

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan 7th, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Interment Permit Issued

FILED JAN 7 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-1933

22. I HEREBY CERTIFY, That I attended deceased from 6-11, 1932 to 1-3, 1933

I last saw h.. alive on 1-3, 1933. Death is said to have occurred on the date stated above, at 3:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	yrs?
Gangrene (Right Foot)	11 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. Burns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86164

CERTIFICATE OF DEATH

11-001 E 86164

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 N. Fremont St 17-7th Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Catherine Lauer

(a) Residence: No. 601 N. Fremont St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Michael J. Lauer

6. DATE OF BIRTH (month, day, year) Dec 8th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nathan Fales

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary O'Connor

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Agnes Lauer

(Address) 601 N. Fremont st

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29th, 1932 to Jan 2nd, 1933

I last saw her alive on Jan 2nd, 1933 Death is said to have occurred on the date stated above, at 1130a m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset

Other contributory causes of importance:

Influenza
Senility

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Jos. A. Boyle, M. D.

(Address) 524 S. North Ave.

M. D. R. 1268-9

E 86165

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86165

CERTIFICATE OF DEATH

71-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3138 Mc Elderry St. 7-11 Ward)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert W. Raidt

(a) Residence: No. 3138 Mc Elderry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Rose M. Raidt

6. DATE OF BIRTH (month, day, year) Aug 4th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Comptroller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rennert Hotel

10. Date deceased last worked at this occupation (month and year) April 1932

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Watertown Wis

MOTHER FATHER

13. NAME Unknown Raidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Rose M. Raidt

(Address) 3138 Mc Elderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

19. FILED Jan 6 1933 Eugene Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from April 19.. to ..... 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at 4.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Complicated	

Other contributory causes of importance:

Arteriosclerosis	
Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86166

CERTIFICATE OF DEATH

E 86166

Registered No. 31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2804 Lake Ave St. 8-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lula Virginia Burns

(a) Residence: No. 2804 Lake Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of George V. Burns

6. DATE OF BIRTH (month, day, year) Dec 18th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	22 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Francis T. Heckman

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sarah Larkin

16. BIRTHPLACE (city or town) (State or country) Somerset Co. Md

17. INFORMANT (Address) Geo V. Burns 2804 Lake Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Parkwood Date Jan 5th 1933

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St Washington Boulevard Md

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1929 to Jan 3rd 1933

I last saw h e alive on Jan 3rd 1933 Death is said to have occurred on the date stated above, at 3.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cancerous Cystitis	Nov 29
Nephritis	1929

Other contributory causes of importance:

Exhaustion & Uremia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Geo. W. Lawrence Jr. M. D.

(Address) 2216 W. North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86167

86167

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 E Biddle St. 11-15 Ward)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Winifred P Bigham

(a) Residence: No. 223 E. Biddle St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Frederick D. Bigham

6. DATE OF BIRTH (month, day, year) Dec 2nd 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Australia

FATHER

13. NAME Alfred Moulton

14. BIRTHPLACE (city or town) (State or country) Australia

MOTHER

15. MAIDEN NAME Mary T. Marsh

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Frederick D. Bigham

(Address) 223 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed JAN 13 1933 Huntington, West Virginia

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3 1933

22. I HEREBY CERTIFY, That I attended deceased from February 1930 to January 3 1933

I last saw h[illegible] alive on January 3 1933 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma (bronchial)	Least 10 years
Other contributory causes of importance: bronchopneumonia	10 days

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank L. Smith Jr. M. D.

(Address) 927 N. Calvert Street

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86168 E 86168

CERTIFICATE OF DEATH

87-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Barclay St. St., 15-67 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur James Keating.

(a) Residence: No. 2905 Walbrook Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: WIFE of (or) HUSBAND of Selma Keating

6. DATE OF BIRTH (month, day, year) Sept. 3, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	3	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " Store

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation one

12. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER FATHER

13. NAME Wm. Keating

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Selma Keating
(Address) 2905 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 1/4, 1933

19. UNDERTAKER C. Vernon Lennon
(Address) Funeral Parlors Inc.
Huntington Ave & Pratt

19 FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1933 to Jan 2nd, 1933

I last saw h.m alive on Jan 2nd, 1933 Death is said to have occurred on the date stated above, at 3:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
Hypertension	

Other contributory causes of importance: Arterio Sclerosis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. H. Kingsley, M. D.

(Address) 2905 Walbrook Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86169

CERTIFICATE OF DEATH

92-E 86169

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3317 Woodland St. 27-5 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis X. Triplett

(a) Residence: No. 3317 Woodland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Acker Triplett

6. DATE OF BIRTH (month, day, year) Nov. 30 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst. Mgr. Golf

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Suburban Club

10. Date deceased last worked at this occupation (month and year) 193

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Thomas M. Triplett

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Healey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Acker Triplett
(Address) 3317 Woodland ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 1/5 19 33

19. UNDERTAKER Vernon Lemmon
(Address) Huntington Maryland

FILED 3-1933 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from October 4 1932 to Jan 2nd 1933

I last saw h[im] alive on Dec 31 1932 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Oct 1932
Edema Lungs	5 days

Other contributory causes of importance:

Name of operation / Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of injury ... 19...

Where did injury occur? / (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place /

Manner of injury /

Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) John D. Dubert M. D.

(Address) 3608 Sequoia Ave

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86170

E 86170

CERTIFICATE OF DEATH

11-001

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1763 Homestead ST., 9-46 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Agatha Roddy

(a) RESIDENCE NO. 1736 Homestead ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael B. Roddy

6 DATE OF BIRTH (month, day, and year) Oct. 15, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Ireland

10 NAME OF FATHER Patrick Moran

11 BIRTHPLACE OF FATHER (city or town) Ireland (State or country)

12 MAIDEN NAME OF MOTHER Maria Mahoney

13 BIRTHPLACE OF MOTHER (city or town) Ireland (State or country)

Informant Drew Roddy

(Address) 1736 Homestead

Filed JAN 4 1933, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 1- 33

17 I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1932, to Jan 1, 1933

that I last saw her alive on Jan 1, 1933

and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? None

(Signed) Thos. J. A. Stevens, M. D.

1-3, 1933 (Address) 2878 Hartford Rd

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL Jan 4 1933

20 UNDERTAKER Mary M Redfern

ADDRESS 50 E 22nd St

File 1933

AaCo. 5-31 250B

86171

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86171

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1740 Mulberry St. 4th Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas L Wheatley

(a) Residence: No. 1740 Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1877

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Government Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Daniel Wheatley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary Wesse

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elizabeth Cullen

(Address) 921 Heron St

18. BURIAL, CREMATION, OR REMOVAL

Place W. Laurence Cem. Date Jan 4, 1933

19. UNDERTAKER Archibald Gladding

(Address) 1 E Pratt St

FILED JAN 4 1933 Hunter Tompkins Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to June 1, 1933

I last saw him alive on Dec 31, 1932 death is said to have occurred on the date stated above, at 3 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	May 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Elizabeth Cullen, M. D.

(Address) 507 Augusta

1-30—M. & T.—100 B—50L

E 86172

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86172

CERTIFICATE OF DEATH

34

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 829 Warner St. (ST.) (WARD) 21-31

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME James Jones.(C)

(a) RESIDENCE NO 829 Warner St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. ---------- ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6 DATE OF BIRTH (month, day, and year) Do not know.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	----------		

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) South Carolina.

PARENTS

10 NAME OF FATHER Do not know.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Do not know.

12 MAIDEN NAME OF MOTHER Do not know.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Do not know.

14 Informant Amelia West.(C)
(Address) 829 Warner St.

15 Filed 1-4-1933, 192 Huntington Williams, Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 31, 1932 19

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Rupture of an Cortic aneurism.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No. Date of .....

Was there an autopsy? No.

What test confirmed diagnosis? Inquiry

(Signed) C. Weinfeld, M. D. Coroner

12/31/32 19 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvery

DATE OF BURIAL Jan 4 1933

20 UNDERTAKER James A. Hayes

ADDRESS 142 W. Hill St

M. D. B. 1268-9

86173 HEALTH DEPARTMENT—CITY OF BALTIMORE 86173

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 544 W. Hoffman St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Jones

(a) Residence: No. 544 W. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estelle Jones

6. DATE OF BIRTH (month, day, year): 1874

7. AGE: Years 58 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fish dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Baltimore

FATHER

13. NAME: Jno. Jones

14. BIRTHPLACE (City or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Priscilla Jones

16. BIRTHPLACE (City or town) (State or country): Md.

17. INFORMANT: Estelle Jones

(Address) 544 W. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL: Hebr. Zion Cem. Date 1/4/33.

19. UNDERTAKER: Bernard O'Donnell

(Address) 1303 Druid Hill Ave.

20. FILED 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/30, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/27/32 to 1/28/33

I last saw h... alive on 1/28/33. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	12/27/32
Other contributory causes of importance: (b) Acute Interstitial Nephritis	

Name of operation none Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D.

(Address) 791 N. Carrollton

E 86174 — 300 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86174

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2035 Pa. ave. St. 14-59 Ward)

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Nellie Kelley

(a) RESIDENCE NO. 2035 Pa. ave. St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced (or) WIFE of: George Kelley.

6 DATE OF BIRTH (month, day, and year): June 1 1882

7 AGE: Years 50 | Months 7 | Days 1 | IF LESS than 1 day.....hrs. or.....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laundress

(b) General nature of industry, business, or establishment in which employed (or employer): 041

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

10 NAME OF FATHER: Frank Short

11 BIRTHPLACE OF FATHER (city or town): _____

(State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Mine Stewart

13 BIRTHPLACE OF MOTHER (city or town): _____

(State or country): Baltimore Md

14 Informant: Mamie Blake

(Address): 2032 Penna ave.

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

1-2-33

17

I HEREBY CERTIFY, That I attended deceased from 12-31-32 19..... to 1-2-33 ....., 19.....,

that I last saw h.. alive on 1-2-33 ....., 19.....,

and that death occurred, on the date stated above, at 1-10 A m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) .....yrs. .....mos. .....ds.

CONTRIBUTORY (Secondary) arterial sclerosis

2 (duration) .....yrs. .....mos. .....ds.

18 Where was disease contracted ✓

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Ernest F. Melton, M. D.

19 (Address) 2039 Pa. ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cem — Date of Burial: 1/4 1933

20 UNDERTAKER: Samuel F Hemsley — ADDRESS: 578 W Biddle

Spec.—0-30—A. & Co.—250 Blks

E 86175

86175 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 047 Myrtle ST. 11-24 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Florence Douglas

(a) RESIDENCE NO. 1047 Myrtle Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or WIFE of) Florence Douglas

6 DATE OF BIRTH (month, day, and year) 1845

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
88	?	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Common Labor

(b) General nature of industry, business, or establishment in which employed (or employer) Odd

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Va

PARENTS

10 NAME OF FATHER —

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Florence Douglas

(Address) 1047 Myrtle Ave

15 [illegible] 4 1933 [illegible] Washington Williamsburg Va

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 1, 1933

17

I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1932 to Jan 1, 1933

that I last saw him alive on Jan 1, 1933

and that death occurred, on the date stated above, at 7:15 P.M.

The CAUSE OF DEATH* was as follows:

Paralysis

(duration) yrs. 4 mos. 5 ds.

CONTRIBUTORY (Secondary) Cerebral Hemor-

rhage (duration) yrs. mos. 5 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) John H. Thompson M. D.

1/3, 1933 (Address) 1012 N. Lafayette Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Memorial Cem.

DATE OF BURIAL 1/5 1933

ADDRESS 5-78

20 UNDERTAKER Samuel T Hemsley

ADDRESS 710 Biddle St

86176 E 86176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 12-51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2636 N. Charles St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 5 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah J. Chaisty

(a) Residence: No. 2636 N. Charles St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Chaisty

6. DATE OF BIRTH (month, day, year) July 20, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME ---

14. BIRTHPLACE (city or town) ---
(State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Jordon

16. BIRTHPLACE (city or town) ---
(State or country) Ireland

17. INFORMANT Edward J. Chaisty
(Address) 2636 N. Charles Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 1/5 19 33

19. UNDERTAKER Henry W. Myers & Son
(Address) 805 N. Calvert St.

20. FILED 4-1933 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1932 to Jan 2 1933

I last saw h[illegible] alive on Jan 2 1933. Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uterus — Date of onset March 1932

Other contributory causes of importance:
Broncho Pneumonia
Edema — Date of onset June 1932

Name of operation ---- Date of ----

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo M Gotthe M. D.

(Address) 1435 Mary Land Ave

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86177

CERTIFICATE OF DEATH

E 86177

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St. Ward) 96-37

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MAY E. ENGELHARDT.

(a) Residence: No. 104 S. Haven St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry W. Engelhardt.

6. DATE OF BIRTH (month, day, year) Nov. 18 1872.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milwaukee Wis.

PERSONAL AND FAMILY HISTORY

13. NAME Thomas F. Hoye.

14. BIRTHPLACE (city or town) (State or country) Kansas City Mo.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Henry W. Engelhardt. (hus)
(Address) 104 S. Haven St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Jan. 7, 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 402 S. Wolfe St.

FILED - 1933 Huntington Millersville Md.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2/33, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Influenzal)	1 wk

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jos. H. Kaiser, M. D.
Coroner

(Address) 508 E. Fort Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86178

E 86178

CERTIFICATE OF DEATH

82001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 N. Streeper St. St., 7-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Ritter

(R) Residence: No. 526 N. Streeper St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Ritter.

6. DATE OF BIRTH (month, day, year) Jan. 2 1866.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Ritter.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret Ritter (Wife)
(Address) 526 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Jan. 5 1933

19. UNDERTAKER Lilly & Feiler Inc.
(Address) 403 S. Wolfe St.

DATE RECEIVED JAN 4 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 2/33 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Jan 1/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Walter Coroner, M. D.

(Address) 508 E. Monument

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

Gozel.

86179

CERTIFICATE OF DEATH

23 E 86179

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S. Robinson St. St. 1-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William McKinley Waudby.

(a) Residence: No. 14 S. Robinson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elista Waudby.

6. DATE OF BIRTH (month, day, year): Mar. 28 1897.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Charles H. Waudby

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Mary Miller

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Elista Waudby (Wife)
(Address): 14 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Carmel Cem. Date: Jan. 5 1933

19. UNDERTAKER: Lilly & Zeiler 2 Inc.
(Address): 409 S. Wolfe St.

20. FILED JAN 4 - 1933 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 2/33. 19

22. I HEREBY CERTIFY, That I attended deceased from June 20- 32 to Jan 2 - 33

I last saw h[illegible] alive on Jan 2 - 1933 Death is said to have occurred on the date stated above, at 3:30 P. M.

The principal cause of death and related causes of importance were as follows:

Exhaustion of Edema

Other contributory causes of importance:

Cystitis TB.

Date of onset: June 20 32

Name of operation: Symptom. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Nagel M. D.

(Address) 5945 Yadon St. Oakland

E 86180 — Co.—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001 E 86180

CERTIFICATE OF DEATH

1-PLACE OF DEATH — REGISTERED NO.

City of BALTIMORE: (No. 1052 W Barre St. 21-7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary Elizabeth Dixon

(a) RESIDENCE NO. 1052 W Barre St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 Color or Race: white

5 Single, Married, Widowed, or Divorced. (write the word): married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles E. Dixon

6 DATE OF BIRTH (month, day, and year): Nov 29th 1869.

7 AGE — Years: 63. Months: 1 Days: 4 5

IF LESS than 1 day hrs. or min..

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: home work

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Maryland.

PARENTS

10 NAME OF FATHER: Charles Williams

11 BIRTHPLACE OF FATHER (City or town) (State or country): Maryland.

12 MAIDEN NAME OF MOTHER: Margaret Carton.

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Mr Charles E. Dixon. (Address) 1052 W Barre St.

15 Filed JAN 4 - 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jany 3 1933

17 I HEREBY CERTIFY, That I attended deceased from Jany 1st 1933, to Jany 3 1933, that I last saw her alive on Jany 2 1933, and that death occurred, on the date stated above, at 5 15 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) John L. Shadowsky M. D.

1/3 '33 (Address) 642 Wash'l Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Olivet Cem. Dorford Co. Date of Burial 1/6 1933

20 UNDERTAKER: John F. Cowan & Son. ADDRESS 901 Hollins St

Very important. See instructions on back of certificates.

M. D. B. 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86181

CERTIFICATE OF DEATH

E 86181

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Cloverdale Apts. 1 B. Linden & Chauncey Aves. Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob N. Schwander

(a) Residence: No. Cloverdale Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine H. Schwander

6. DATE OF BIRTH (month, day, year) Dec. 28, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	0	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Mnfgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Viehna

FATHER

13. NAME Meyer Schwander

14. BIRTHPLACE (city or town) (State or country) Vienna

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Vienna.

17. INFORMANT Mrs. J.N.Schwander
(Address) Cloverdale Apts.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
Place Cincinnati, Ohio Date Jan. 5 19 33

19. UNDERTAKER David Goodheim & Son
(Address) 1902 Eutaw Place.

Huntington Wilkerson
Registrar.

JAN 4 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jany. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1932 to Jan. 3, 1933

I last saw him alive on Jan. 2 1933. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular-renal Disease	3-4 mo ago
Other contributory causes of importance: Pulmonary Edema	2 days

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Sussman M. D.

N.S. (Address) 2340 Eutaw Place.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86182

CERTIFICATE OF DEATH

86182

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 London Ave St. 20-11 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Amelia Miller

(a) Residence: No. 402 London Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 10, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Henry Albert

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Dora Hasting

(Address) 402 London Ave.

18. BURIAL, CREMATION, OR REMOVAL Jan. 6 33

Place London Park Date Friday, 19

19. UNDERTAKER George L Schaub

(Address) 2101 Pratt St Ave

Huntington Avenue

FILED JAN 4 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3, 1933

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held an inquiry ..... 19 ... to ..... 19 ... and from said inquiry I last saw ~~him~~ alive on ..... 19 ... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset: Suddenly

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

Signed Guy M. Stromwell Coroner M. D.

1/4/33 (Address) 203 Patapsco Ave. Brooklyn

M. D. B. 1266-9

86183 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 86183

CERTIFICATE OF DEATH

3-5 178-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1161 E Lombard St., 3 Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Witofsky

(a) Residence: No. 1161 E Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Philip Witofsky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esther Robinson

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mary White

(Address) 300 N Carrison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Levi Sinai Date Jan 4, 1933

19. UNDERTAKER Sol Levinson & Bro

(Address) 427 E Baltimore St

DATED Jan 4 1933 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:20 p.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	
Determinating Gas	
Other contributory causes of importance:	
Broken Heart	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

M. D. B. 1268-9

E 86184

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86184

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 23

CITY OF BALTIMORE: (No. ..... St. 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Benjamin J. Brown

(a) Residence: No. 919 Pierce St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Brown

6. DATE OF BIRTH (month, day, year) Aug 7, 1880.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	4 5	23. 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Y

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fireman

10. Date deceased last worked at this occupation (month and year) Feb. 1932

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Benjamin Brown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Letta Cullen

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 4, 1933

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 339 E. Lexington St.

FILED 1-4-1933 [illegible] Mrs. Katie R. Williams, Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to Dec 31, 1932

I last saw him alive on Dec 31, 1932 Death is said to have occurred on the date stated above, at 11.50 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan, 1932
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bennett A. Stacy M. D.

(Address) Baltimore City Hospitals

M. D. H. 1268-9

E 86185

E 86185 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp 4-16 St., (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julius Johns

(a) Residence: No. 117 N. Fremont St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Johns

6. DATE OF BIRTH (month, day, year): Dec 24 1854

7. AGE: Years: 48 | Months: — | Days: 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year): Dec 32

11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (city or town) (State or country): Lynchburg Va

MOTHER FATHER

13. NAME: Unk

14. BIRTHPLACE (city or town) (State or country): Unk

15. MAIDEN NAME: Unk

16. BIRTHPLACE (city or town) (State or country): Unk

17. INFORMANT: Mary Johns

(Address) 117 N Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Jan 5, 1933

19. UNDERTAKER: Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED 1933 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Sudden — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis: Clinical ... Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86186 — 23E 86186

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 544 Orchard St. 17-24 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Kupi

(a) Residence: No. 544 Orchard St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years 43 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edin N. Co

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) N. Co

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. Co

17. INFORMANT 544 Orchard

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Jan 4 1924

19. UNDERTAKER

(Address)

Filed 1933 19 Registrar.

0018

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Dec 29 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Phthisis 3 months

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

E 86187 STATE OF MARYLAND—CERTIFICATE OF DEATH

59 E 86187

1. PLACE OF DEATH

County

Village or City Balto. 2322 W. Lanvale St. No. 16-68 Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward

Length of residence in city or town where death occurred 15 yrs. 1 mos ds How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Rau.

(a) Residence: No. 2322 W. Lanvale St., Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced: ~~HUSBAND of~~ (or) WIFE of Charles F. Rau.

6. DATE OF BIRTH (month, day, and year): Sept. 8, 1866.

7. AGE: Years 66 | Months 3 | Days 25 | If LESS than 1 day, hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc: Home wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc: none

10. Date deceased last worked at this occupation (month and year): Sept 8, 1932. 6 months ago

11. Total time (years) spent in this occupation: 40 Yrs

12. BIRTHPLACE (city or town) (State or country): Sykesville Md.

FATHER

13. NAME: Surratt D. Browning

14. BIRTHPLACE (city or town) (State or country): Montgomery County Md.

MOTHER

15. MAIDEN NAME: Sarah E. Thompson.

16. BIRTHPLACE (city or town) (State or country): Sykesville Md. Mary Land.

17. INFORMANT: Charles F. Rau

(Address) 2322 W. Lanvale St. Balto.

18. BURIAL, CREMATION, OR REMOVAL: Place Oakland Cemetery Date Jan. 6, 1933

19. UNDERTAKER: Wm Berryman & Son

(Address) Reisterstown Md.

20. FILED Jan 6 1933 Huntington Williams N.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: January 3rd 1933 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 26th 1932 to Jan 3rd 1933

I last saw her alive on Jan 3rd 1933 death is said to have occurred on the date stated above, at 12 10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Myocarditis — Date of onset 12/27/32

Other Contributory Causes of importance: Diabetes Mellitus — 6/1931.

Acidosis — 12/28/32

Name of operation: Date of

What test confirmed diagnosis? Was there An autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. J. Sullivan M. D.

(Address) 1701 N. Fulton Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86188

E 86188

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 5-8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Williams

(a) Residence: No. 210 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Provident Hosp Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Howard College Date Jan 27 1933

19. UNDERTAKER Huntington Williams, N.Y.

(Address)

Filed 1933 Registrar.

6019

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1932

I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 months

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. E. Link M. D.

Coroner

(Address)

M. D. B. 1268-9

86189

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86189

CERTIFICATE OF DEATH

167-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Baltimore, Md. 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Mitchell

(a) Residence: No. 1001 Laibbury alley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Mitchell

6. DATE OF BIRTH (month, day, year): Mar. 5, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	-9	-23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Annapolis, Md

FATHER

13. NAME: Robert ?

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Anna ? age

16. BIRTHPLACE (city or town) (State or country): ? Md

17. INFORMANT (Address): Records Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med College Date Jan 4 1933

19. UNDERTAKER (Address): [illegible]

20. FILED 1933 [illegible] Registrar

0020

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-28-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1932, to 12-28, 1932

I last saw him alive on 12-28, 1932 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-20-32

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Abscess Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If no, specify ...

12-30-32 (Signed) Elmer Hightower M. D.

(Address) Balto. City Hospitals

M. D. B. 1268-9

86190

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 86190

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. Bolton Md St. 3-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Ball

(a) Residence: No. 241 S. Dallas St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Ball

6. DATE OF BIRTH (month, day, year) ? 1862

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	? 70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co., Va.

FATHER

13. NAME James Ball

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Bettie Blackwell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Resd. Balto City Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place U. of M. Med College Date Jan 4 1933

19. UNDERTAKER

(Address)

20. Filed 1933 Huntington Williams M.D. Registrar.

0021

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-24 1932 to 12-27 1932

I last saw him alive on 12-27 1932 Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-23-32

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

12-29-32 If so, specify

(Signed) Elmer Leipheimer M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86191

CERTIFICATE OF DEATH

E 86191

1. PLACE OF DEATH Balto City Hospitals — 107-001 — Registered No.

CITY OF BALTIMORE: (No. Balto. and St 4-26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Wallace

(a) Residence: No. 317 N. Paca St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Wallace

6. DATE OF BIRTH (month, day, year) Dec. 25 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Record City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Medtobe Date Jan 4 1933

19. UNDERTAKER
(Address) Huntington Williams, N.Y.

20. 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1932 to 12-26 1932

I last saw h. alive on 12-26 1932 Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-21-32

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

12-28-32 (Signed) Elmer Kirkpatrick M. D.

(Address) Balto. City Hospitals

002

M. D. B. 1288-9

86192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001 E 86192

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 21-31 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth Taylor

(a) Residence: No. 515 Us Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13-1932

7. AGE Years	~~Months~~	Days	If LESS than 1 day, hrs. or min.
	2 weeks	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~do~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John H Taylor

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff Med College Date Jan 4 19 33

19. UNDERTAKER
(Address) Huntington Williamsport, Pa

20. FILED Jan 4 1933 Registrar.

6023

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932 to Dec 27, 1932

I last saw her alive on Dec 27, 1932 Death is said to have occurred on the date stated above, at 5 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneum. meningitis	hrs

Other contributory causes of importance:

pharyngitis	ex low

Name of operation Date of

What test confirmed diagnosis? Sp. pneum. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ann G. Kuttner M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-11 2508

86193 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86193

CERTIFICATE OF DEATH

97

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 E. 21 St (St.) 12-14 (Ward)

Length of residence in city or town where death occurred 10 yrs. 6 mos. 6 ds. How long in U.S. If of foreign birth? 26 yrs. 6 mos. 6 ds.

2. FULL NAME Ellen Kelleher

(a) Residence: No. 509 E 21 St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael J. Kelleher

6. DATE OF BIRTH (month, day, year) ? 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
78	77 years	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Cork Ireland

MOTHER FATHER

13. NAME William Morgan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Julia O'Keefe

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jas Joseph P. Kelleher (Address) 509 E. 21 St.

18. BURIAL, CREMATION, OR REMOVAL Place St Vincents Cem Date Jan. 6, 1933

19. UNDERTAKER Edward O. Coppelin (Address) 924 E. Eager St

Filed ..... 1933 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd. 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/3, 1932 to 1/3, 1933

I last saw h... alive on 1/3, 1933 death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown

Other contributory causes of importance:

Hypostatic Pneumonia	48 hrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Dr Bernard Lowe M. D.

(Address) 1216 E Calvert St

AaCo. 5-11 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

86194 E 86194

CERTIFICATE OF DEATH

87-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2801 Harlem Ave (St.) 6-69 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Laura Stonebraker

(a) Residence: No. 2801 Harlem Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph W. Stonebraker

6. DATE OF BIRTH (month, day, year) Mar 28-1866

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	66	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clearspring Md

MOTHER FATHER

13. NAME George Specker

14. BIRTHPLACE (city or town) (State or country) Clearspring Md.

15. MAIDEN NAME Ursilla Speer

16. BIRTHPLACE (city or town) (State or country) Clearspring Md.

17. INFORMANT Husband 2801 Harlem Ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place [redacted] Date 1/5 1933

19. UNDERTAKER [redacted]

(Address) [redacted] Huntington Williams, N.Y.

Filed 4-1933 [redacted] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1932 to Jan 3, 1933

I last saw her alive on Jan 3, 1933 death is said to have occurred on the date stated above, at 3.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/26/32
Hypertensive Cardio Vascular disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Exam. ... there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis T. Levy M. D.

(Address) 1844 W. Fork ave

M. D. B. 1268-B

86195 26825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86195

93-004

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 12-50 St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Mc Cormick

(a) Residence: No. Aster Ct Upt St Paul & 25-06 St., ... Ward. Ellen 6

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, ~~or divorced~~ (or) WIFE of Thos Mc Cormick

6. DATE OF BIRTH (month, day, year) Oct 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 5, 1933

19. UNDERTAKER John F. Gruden

(Address) 3000 E. Baltimore St.

20. FILED 1933 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932 to Jan 3, 1933

I last saw h.. alive on Jan 3, 1933 Death is said to have occurred on the date stated above, at 12 20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	—
arteriosclerosis	—
Cellulosis	—
Hypertension	—
Myocardial failure	1Dec. 25
Other contributory causes of importance:	
Pulmonary oedema	
? Coronary accident	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas M Marshall M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

86196 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 86196

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals 53 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 17 Ward) 5

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Daniels

(a) Residence: No. 677 Penn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Essie Daniels

6. DATE OF BIRTH (month, day, year): 9-10-92

7. AGE: Years 40 | Months 3 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rigger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Charlestown Md

FATHER

13. NAME: James Daniels

14. BIRTHPLACE (city or town) (State or country): Charleston N. C.

MOTHER

15. MAIDEN NAME: Clarenta Goldsberry

16. BIRTHPLACE (city or town) (State or country): Queen Anne Co Md

17. INFORMANT: Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Colchester Beach Md Date Jan 6 1933

19. UNDERTAKER: Edw Bryan

(Address) 1831 Orleans St

20. FILED 4-1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-31 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-18 1932 to 12-31 1932

I last saw him alive on 12-31 1932 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell Carcinoma Left Leg	
Exposure relatives	1931
Other contributory causes of importance:	
Bronchopneumonia	12/27/32

Name of operation: Biopsy Date of 12/27/32

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Bowie Selby M. D.

(Address) Balto City Hosps

1-30—M. & T.—100 B—50L

E 86197

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86197

CERTIFICATE OF DEATH

11-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 323 Calvin ST. 5-8 WARD)

2-FULL NAME Ina T. Edwards

(a) RESIDENCE NO 323 Calvin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	Colrd	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Unknown 1890

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 42				

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Home work
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ged Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Lizzie Draught

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Isaac Edwards

(Address) 323 Calvin Md

15 Filed ..... 192 ..... Registrar

4-1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 30 1932

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia 3 days followed by Bronchial Pneumonia

(duration) ... yrs. mos 10 ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted, if not at place of death? Unknown

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? History & Case

(Signed) James M Fenton, M. D. Coroner

1-3, 1933 (Address) 700 E Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson cemetery

DATE OF BURIAL Jan 5 1933

20 UNDERTAKER Edw Bryan

ADDRESS 1691 Orleans St

M. D. B. 1268-9

86198

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86198

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 25-72 Ward.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME BABY BUCKMASTER

(a) Residence: No. Johns Hopkins Hospital St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 22/32

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME CLAUDE BUCKMASTER. 1945 BRIEFIS. AVE

14. BIRTHPLACE (city or town) (State or country) MARYLAND

15. MAIDEN NAME CHARLOTTE BROWN. 1945 BRIEFIS AV

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Jan 4 1933

19. UNDERTAKER

(Address) Huntington Williams, N.D.

20. FILED 1933 Registrar.

0024

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/32. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 . 1932. to Dec 25 . 1932

I last saw h~~im~~ alive on Dec. 25 . 1932 Death is said to have occurred on the date stated above, at 9-50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage (Birth Injury)	12/23/32

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Ralph H. Jack M. D.

(Address) Johns Hopkins Hospital

M. D. H. 1268-3

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86199

CERTIFICATE OF DEATH

E 86199

160-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME BABY. COLLINS

(a) Residence: No. Johns Hopkins Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Noah Collins 819 1st Sparrows Point

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nettie Deshazo 819 1st St. Sparrows Point

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J H Med College Date Jan 4 19 33

19. UNDERTAKER .....
(Address) Huntington Williams, Md

FILED 1930025 19 RPH
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/30/32 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1932 to Dec 30 1932

I last saw h alive on Dec 30 1932 Death is said to have occurred on the date stated above, at 5-40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	
Birth Injury	12/29/32

Other contributory causes of importance:

Name of operation Delivery by Version & Extraction Date of 12/29/32

What test confirmed diagnosis? None Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ralph H Park M. D.

(Address) Johns Hopkins Hospital

Spec.—1-30—M. & T.—250 Blks

E 86200

HEALTH DEPARTMENT—CITY OF BALTIMORE E 86200

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1804 North Montford ST., Ward 6)

2-FULL NAME Mary McCaffrey

(a) RESIDENCE NO. 1804 N. Montford ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 43 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1869 month and day unknown

7 AGE about 64	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Ireland

PARENTS

10 NAME OF FATHER John Clark

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Hanrathy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Mrs. John Clark (Address) 1804 N. Montford ave

Filed Jan 4 1933, 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 2nd 1933

17 I HEREBY CERTIFY, That I attended deceased from October 20, 1932, to Jany 2nd, 1933.

that I last saw her alive on January 2nd, 1933.

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Valvular heart disease

(duration) yrs. 2 mos 13 ds.

CONTRIBUTORY (Secondary) acute dilatation of heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical signs and symptoms

(Signed) Samuel Silverstein, M. D.

, 19 (Address) 22 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL 1/6 33 19

20 UNDERTAKER E. J. Foley & Sons

ADDRESS 1318 Light

M. D. B. 1268-9

E 86201 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86201

CERTIFICATE OF DEATH

11-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hosp 24-71 St. Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lawlor.

(a) Residence: No. 507 Drury Lane (Usual place of abode) Towsontown St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Fannie J. Lawlor maiden name Young

6. DATE OF BIRTH (month, day, year) Aug. 7, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

FATHER

13. NAME Robert Lawlor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. W. H. Lipton

(Address) 507 Drury Lane Towsontown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago Ill. Date Jan 4, 1933

19. UNDERTAKER Harry A. Keith Inc.

(Address) 4101 Edmondson Ave.

20. Jan 4 1933 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4-, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932 to Jan 4, 1933

I last saw him alive on Jan 4, 1933. Death is said to have occurred on the date stated above, at 515A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia - Influenza	

Other contributory causes of importance:

Cerebral Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Albert Kennard M. D.

(Address) St Josephs Hosp

Rev—12-23-31—E.B.R.S.—400 Blks.

E 86202

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86202

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2017 E. Pratt St. 2-4 Ward) 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. Frank Koprowski

(a) Residence No. 2017 E. Pratt St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: White

5-Single, Married, Widowed, or Divorced. (Write the word): Married

5a-If married, widowed, or divorced, HUSBAND of (or WIFE of): Bertha M. Koprowski

6-DATE OF BIRTH (month, day and year): Aug. 30. 1857

7-AGE. 75 yrs. 4 mos. 2 ds. If LESS than 1 day, hrs. or min.

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: none.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Germany.

PARENTS.

10-NAME OF FATHER: Paul Koprowski

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Ger.

12-MAIDEN NAME OF MOTHER: Unk.

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Ger.

14-

(Informant) Frank Koprowski Jr.

(Address) 2017 E. Pratt St.

15-

Filed 4 - 1933, 192

Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 1-2-33

17- I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1932 to Jan. 2, 1933.

that I last saw him alive on Jan. 2, 1933.

and that death occurred, on the date stated above, at 1:30 P. m.

The CAUSE OF DEATH* was as follows:

Gastric Carcinoma

(Duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) 2414 Wilkens Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Rosary

DATE OF BURIAL: Jan. 5, 1933

20-UNDERTAKER: J. W. Bazinski

ADDRESS: 1930 Eastern Ave

Spec.—5-10-13—M. & T.—500 Bks.

86203

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86203

CERTIFICATE OF DEATH.

107-001

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1616 (St.) Division (WARD) 11-20

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Eugenia Wood

(Residence in Baltimore: No.) 1616 Division St.; 40 yrs.. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Female

4-COLOR OR RACE. Colored

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Widow

6-DATE OF BIRTH, ? (Month) (Day), 1853 (Year)

7-AGE, 80 yrs. 7 mos. ds.

If LESS than 1 day, hrs. or min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): 37

9-BIRTHPLACE, (State or Country), Va.

PARENTS.

10-NAME OF FATHER, Baldwin Lewis

11-BIRTHPLACE OF FATHER (State or Country), Va

12-MAIDEN NAME OF MOTHER Millie Jones

13-BIRTHPLACE OF MOTHER (State or Country), Va.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Eula Taylor

(Address) 1616 Division St.

15-

Filed ....., 191....

Registrar.

1933

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Jan (Month) — 3 (Day) —, 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 28 1932, to Jan 3 1933, that I saw her alive on Jan 3 1933, and that death occurred, on the date stated above, at 3:27 A m.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Senility

(Duration) yrs. mos. ds.

(Signed) S. D. Hughes M. D.

Jan 4, 1933 (Address) 1413 N. Hill St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, 1/6/33 191...

20-UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 Druid Hill Ave

M. D. B. 1268-9

86204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 E 86204

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 11-24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Cole

(a) Residence: No. 236 N Biddle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ... Va
(State or country)

FATHER

13. NAME John W Cole

14. BIRTHPLACE (city or town) ... Va
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ... Va
(State or country)

17. INFORMANT Chas Eskew

(Address) 911 N Eutaw

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1-5-33

19. UNDERTAKER Mrs Lee H. Fetter & Bro

(Address) 1701 Druid Hill Ave

20. FILED 1-5-1933 Livingston Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) P. Heyerdahl M. D.
Coroner

(Address) 1201 Eutaw Pl

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86205

CERTIFICATE OF DEATH

V 131 E 86205

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 3 4 Druid) St. 27-53 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Lee

(a) Residence: No. 1702 Falls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Lee

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME No Record

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME No Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Beatrice Harvey

(Address) 1702 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 1/7/33

19. UNDERTAKER Mrs. Geo. C. Gelbert

(Address) 601 Druid Hill Ave

FILED 1-7-1933 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-30-32, 1932, to 1-3, 1933

I last saw h alive on 1-3, 1933. Death is said to have occurred on the date stated above, at 5:35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-26-32
Hypertensive Cardio-Vascular Renal Disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Williams M. D.

(Address) Provident Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86206

CERTIFICATE OF DEATH

E 86206

92-991

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1929 Walbrook Ave. St., 15-21 Ward)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah C. Lemmon

(a) Residence: No. 1929 Walbrook Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 16, 1855

7. AGE: Years 77 | Months 2 | Days 19 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Joshua Lemmon

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth Darr

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs Eva W. Stelland

(Address) 1929 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Jan 7, 1933

19. UNDERTAKER H. M. Strieby

(Address) 1900 W. North Ave

19. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4- , 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-15- , 1932 to 1-4- , 1933

I last saw her alive on 1-3- , 1933 Death is said to have occurred on the date stated above, at 10.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	1931
Other contributory causes of importance:	
Mitral Regurgitation (mitral stenosis)	6 mo

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Lemar Pusey M. D.

(Address) 2262 W. North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86207 E 86207

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2218 Barclay St (Ward) 12-50

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frances Haberlander

(a) Residence: No. 2118 Barclay St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of George L. Haberlander

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or, ... min.
	57	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Ludwig Kern

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lena Gutfer

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Harry Daugh

(Address) 2116 Barclay St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Jan 7 1933

UNDERTAKER Mary M Mulholland

(Address) 5015 Harford Ave

Filed 1933 Clinton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from July 14 1932 to Jan 3 1933

That I saw h.. alive on Jan 3 1933 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure (decompensation)	
Other contributory causes of importance: Pulmonary oedema Hypostatic pneumonia bilateral	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alan Frank M. D.

1/4/33 (Address) 4702 Harford Rd

AaCo. 5-31 2508

HEALTH DEPARTMENT—CITY OF BALTIMORE

86208

CERTIFICATE OF DEATH

93 E 86208

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Boone St., 9-46 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patrick Hanagan

(a) Residence: No. 2103 Boone St., ... Ward. 9th
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1845

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
84	3	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) 10/32
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Roscommon Ireland

FATHER

13. NAME Hanagan
14. BIRTHPLACE (city or town) (State or country) Roscommon Ireland

MOTHER

15. MAIDEN NAME Anna Lavin
16. BIRTHPLACE (city or town) (State or country) Roscommon Ireland

17. INFORMANT Mrs John Mullen
(Address) 2103 Boone

18. BURIAL, CREMATION, OR REMOVAL
Place Joyce Md Date Jan 5 1933

19. UNDERTAKER Mary M Murdock
(Address) [illegible]

FILED 1-4-1933 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/2/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1932 to Jan 2 1933

I last saw h[illegible] alive on Jan 2 1933 death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2 weeks
Myocarditis	"

Other contributory causes of importance:

Cerebrovascular	2 years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas F Hale, M. D.
(Address) 532 E 22nd St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86209

CERTIFICATE OF DEATH

E 86209

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 11-25 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs. Dorothy Cora Hall

(a) Residence: No. 211 W. Franklin St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Tyler Hall

6. DATE OF BIRTH (month, day, year) Nov. 16, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER'S FATHER

13. NAME Asa Bell

14. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

15. MAIDEN NAME Bertie Parks

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stephens A. & M. Ch Date Jan 6th, 1933

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

FILED Jan 4 1933, 19..... Registrar. C. C. N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1933 to Jan 3, 1933

I last saw her alive on Jan 3, 1933. Death is said to have occurred on the date stated above, at 8:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	2 hrs
Broncho pneumonia (secondary)	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Burns, M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86210

CERTIFICATE OF DEATH

131 E 86210

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 31 N. Ann St. 6-9 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ferdinand M. Prasch

(a) Residence: No. 31 N. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (or ~~WIFE~~ of) Ann L. Prasch

6. DATE OF BIRTH (month, day, year) Feb 22nd 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Prasch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Berlin Germany

17. INFORMANT John J. Prasch

(Address) 31 N. Ann St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 7th 1933

19. UNDERTAKER Wm Cook

(Address) 1812 E. St. Paul St. Baltimore, Md.

Filed Jan 4 1933, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from 1/3 1933 to 1/3 1933

I last saw h. alive on 1/3 1933 Death is said to have occurred on the date stated above, at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Vascular Disease	
Arteriosclerosis	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Weinberg, M. D.

(Address) 1730 E Fayette St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86211

CERTIFICATE OF DEATH

108 E 86211

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3348 Belvedere Ave Ward 27-55

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Ruth

(a) Residence: No. 3348 Belvedere Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~HUSBAND~~ (or) WIFE of Oliver J. Ruth

6. DATE OF BIRTH (month, day, year) May 28th 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

13. NAME Wm Dunham

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Oliver J. Ruth

(Address) 3848 Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 5th 1933

19. UNDERTAKER Wm Cook

(Address) 1317 St. Paul St

Huntington Williams, Asst. U. C. N. Registrar.

1-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2nd 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1932 to Jan 2 1933

I last saw h or alive on Jan 2 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bright's disease	
Hypertension	
Other contributory causes of importance: Foder Inflammation	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. Franke M. D.

(Address) 1111 St Paul St

M. D. H. 1268-P

86212

HEALTH DEPARTMENT—CITY OF BALTIMORE 86212

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3921 Old York Road (St.) 9-00 (Ward)

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mary Cadella Resh

(a) Residence: No. 3921 Old York Road St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	widow

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ or (or) WIFE of Late David Frank Resh

6. DATE OF BIRTH (month, day, year) Aug 12 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	71	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md

FATHER

13. NAME Lawrence Cornelius

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

MOTHER

15. MAIDEN NAME Ellen Cornelius

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Mary B. Resh

(Address) 3921 Old York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Rockburn Hampstead Date Jan 6 1933

19. UNDERTAKER Henry Jr Jenkins & Co

(Address) Oakland Mc Collister

Washington Baltimore Md.

FILED JAN 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1932 to Jan 4 1933

I last saw her alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uterus

Date of onset

Other contributory causes of importance:

Hemmorrhage from Stomach

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. M. Duncan, M. D.

(Address) 5106 York Road

M. D. B. 1268-9

E 86213

86213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2846 W. Lanvale St. 16-00 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edgar Frank Hullett

(a) Residence: No. 2846 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Sarah E. Hullett

6. DATE OF BIRTH (month, day, year) January 22 1868

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64	11	12 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Enamel Co.

10. Date deceased last worked at this occupation (month and year): March 1929

11. Total time (years) spent in this occupation: 46+

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: David Franklin Hullett

14. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Rebecca Gillen

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Sarah E. Hullett.
(Address) 2846 W. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date JAN 7 - 1933

19. UNDERTAKER Geo H Settle
(Address)

N5 - 1933 Huntington Woods Cem

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930 to January 5 1933

I last saw h alive on January 3 1933 Death is said to have occurred on the date stated above, at 12:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	Unknown

Other contributory causes of Importance:

Organic Heart Disease	Unknown

Name of operation — Date of —

What test confirmed diagnosis? Urinalysis & B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chester Riland, M. D.

(Address) 2582 Edmondson Ave.

Spec.—1-30—M. & T.—250 Blks

E 86214

E 86214

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 2836 Edmondson ave ST. 16-00 WARD)

CITY OF BALTIMORE: (NO.

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Walter Filling

(a) RESIDENCE NO. 2836 Edmondson ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	White	legal separation

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of [redacted] Elida Garitto Filling

6 DATE OF BIRTH (month, day, and year) Jan 31, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	55	11	4	

8 OCCUPATION OF DECEASED 032

(a) Trade, profession or particular kind of work Retired Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City of Baltimore (Fire Dept)

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

10 NAME OF FATHER Henry Filling

11 BIRTHPLACE OF FATHER (city or town) Baltimore Md
(State or country)

12 MAIDEN NAME OF MOTHER Katherine Reisenweber

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md
(State or country)

PARENTS

14 Informant Mrs. Filling
(Address) 2836 Edmondson Ave

15 Filed JAN 5-1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1-4-33

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1932 to 1-4-33, 19,
that I last saw him alive on 1-4-33, 19,
and that death occurred, on the date stated above, at 8 22 p m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Hardening of arteries 3 years
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) E. Eugene Covington, M. D.

, 19 (Address) 2838 Edmondson ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westerns Cem

DATE OF BURIAL JAN 7- 1933
19

20 UNDERTAKER Geo H Little

ADDRESS 2744 EDMONDSON AVE

M. D. H. 1268-0

36215 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 36215

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp St. 14-00 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo Bailey

(a) Residence: No. 321 S. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16 - 1886

7. AGE Years 46 | Months 6 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year) Dec 32

11. Total time (years) spent in this occupation Yrs

12. BIRTHPLACE (city or town) (State or country) Painter Va

13. NAME Frank Bailey

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ella Chaney

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Carroll Bailey

(Address) 1449 W. Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Jan 5 , 1933

19. UNDERTAKER Joseph Gawley

(Address) 1699 Mount St Baltimore Md

FILED Jan 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 32 to Jan 1 , 19 33

I last saw h alive on Dec 19 32 Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Shock	

Other contributory causes of importance:

Name of operation Regular Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H E Kirk Coroner M. D.

(Address)

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

86216

86216

CERTIFICATE OF DEATH

V 145-001

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 27-00 Ward)

Length of residence in city or town where death occurred 21 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Lee Devilbiss

(a) Residence: No. 606 Richwood Ave St., Govans Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Frederick Henry Devilbiss

6. DATE OF BIRTH (month, day, year) Oct 3, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	21	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME Thomas Lutz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Emma Krebs

16. BIRTHPLACE (city or town) (State or country) Carroll County Md

17. INFORMANT Mrs. Frederick Devilbiss

(Address) 606 Richwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Elmwood Date Jan 6 1933

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Pulaski

FILED JAN 5 1933 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1932 to Jan 4, 1933

I last saw her alive on Jan 4, 1932 death is said to have occurred on the date stated above, at 10.58 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal Infection	Dec 24, 1932

Other contributory causes of importance:

Pulmonary Edema	several hrs

Name of operation Low forceps Date of Dec 22, 1932

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Allen Deckert M. D.

(Address) Woman's Hospital

M. D. B. 1268-0

86217

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86217

CERTIFICATE OF DEATH

V 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3824 Garrison Blvd. St. 15-00 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 9 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie V. Childs.

(a) Residence: No. 3824 Garrison Blvd. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: W. T. Childs

6. DATE OF BIRTH (month, day, year): March 8, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: ? Imhofe

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mr. W. T. Childs 3824 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Jan. 5 1933

19. UNDERTAKER (Address): Wm. J. Tickner & Son Keith & Paten

FILED JAN 5 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): January 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932, to Jan 2, 1933.

I last saw h[illegible] alive on Jan 2, 1933. Death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris Arteriosclerosis	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm. J. Tickner M. D.

(Address) 3501 Garrison Blvd

M. D. B. 1268-9

E 86218

86218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Hospital St., [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Klitch

(a) Residence: No. 3220 Auchentorlay Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lora B. Klitch

6. DATE OF BIRTH (month, day, year) Dec 25 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Dec 1932

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Henry Klitch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Wisse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorothy Klitch
(Address) 3220 Auchentorlay Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cemetery Date Jan 5 1933

19. UNDERTAKER H. Feldstein Sons
(Address) Liberty & Lexington Sts.

FILED JAN 5 1933 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-2 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-19 , 1932 to 1-2 , 1933

I last saw him alive on 1-2 , 1933 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurg. failure	unknown
Chr myocardial disease	(
acute dilatation	short time

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard V. Harvey M. D.
(Address) Church Home & Infirmary

Instructions on back of certificate. See

AdCo. 5-11 2500

E 86219

E 86219 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓107-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3403 Richmond Ave. Ward) E-00

Length of residence in city or town where death occurred 90 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Lynch.

(a) Residence: No. 2612 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Michael J. Lynch

6. DATE OF BIRTH (month, day, year) Mar 17-1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Fallon
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Not Given
16. BIRTHPLACE (city or town) (State or country) Not Given

17. INFORMANT Frank Lynch
(Address) 2612 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. Date Jan 7" 1933

19. UNDERTAKER Geo M. Emick Son
(Address) 844 W. Fayette St. Baltimore, Md.

20. FILED JAN 5 1933, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4" , 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 , 19..., to Jan 4" , 1933

I last saw h.l.. alive on Jan 2 , 1933 death is said to have occurred on the date stated above, at 3.15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho Pneumonia	
2	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) F. J. Peterson M.D., M. D.

(Address) 1305 N. Fulton Ave

E 86220

86220

267987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 2-00 St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jenkins Young

(a) Residence: No. 205 S Durham St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Young

6. DATE OF BIRTH (month, day, year) [illegible] 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Lewis Young

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Estelle Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 1/6/33 19

19. UNDERTAKER Mrs. Ida B. Snowden

(Address) 1129 N. Carolina St.

20. FILED [illegible] Huntingtown Williams, M.T.

[illegible] Registrar.

1-6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932 to Dec 31, 1932

I last saw he alive on Dec 31, 1933 Death is said to have occurred on the date stated above, at 12:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer, multiple; Pyloric obstruction	5-15-32
Other contributory causes of importance: Syphilis	1929
Gastro enterostomy, posterior	

Name of operation Gastro-enterostomy Date of 12-24-32

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph A. Aldenmuller M. D.

(Address) Johns Hopkins Hosp.

Spec.—9-30—A. & Co.—250 Blks

86221

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86221

CERTIFICATE OF DEATH.

V 92-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 916 Mount ST. 16-00 WARD)

2-FULL NAME George Murray

(a) RESIDENCE NO. 918 Mount ST.. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mattie Murray

6 DATE OF BIRTH (month, day, and year) Dec 11 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
47	48	11	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) C+O

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ga.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mattie Murray
(Address) 918 N. Mount

15 Filed JAN 5 - 1933 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4 / 33

17

I HEREBY CERTIFY, That I attended deceased from Dec 11, 1931, to Jan 4, 1933

that I last saw h[illegible] alive on Jan 3, 1933

and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH* was as follows:

a Chronic Valvular Heart Disease

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. William Frey M. D.

1/7, 1933 (Address) 198 Penna Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Jan 8 1933

20 UNDERTAKER Saml. W. Glascoe & Son — ADDRESS 638 N. Eden

Registrar

86222
M. D. B. 1268-B

E 86222

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 724 W. Mulberry St. 17-00 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Luther Duggan

(a) Residence: No. 724 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-12-09

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
23	1	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pitts Pa.

FATHER
13. NAME Wm Duggan
14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER
15. MAIDEN NAME Martha Watkins
16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Martha Duggan Miller
(Address) 724 W. Mulberry

18. BURIAL, CREMATION, OR REMOVAL
Place Calvary Date Jan 7 1933

19. UNDERTAKER Chas. J. Chase & Son
(Address) 658 N. Fulton

20. FILED ..... 19 ..... Registrar.

JAN 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1932 to Jan 4 1933
I last saw h... alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1932

Other contributory causes of importance:

Name of operation ✓ Date of No

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19.....
Where did injury occur? ✓
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ✓
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) B. N. Hatchett M. D.
(Address) 724 W. Mulberry

M. D. H. 1268-9

E 86223

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86223

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 E 28th St., 9-00 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Giltgan

(a) Residence: No. 1506 E 28th Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Frederickee Giltgan

6. DATE OF BIRTH (month, day, year) April 14 1852 April 14 day 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	8	20 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coffee 066

10. Date deceased last worked at this occupation (month and year) Dont Know

11. Total time (years) spent in this occupation Dont Know

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Dont Know

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT C F Price
(Address) 1506 E 28th St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Jan 6th 1933

19. UNDERTAKER George Schilling & Sons
(Address) Monument & Arcade

20. FILED Jan 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1932 to Jan 3 1933

I last saw h alive on Jan 3 1933 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hypostasis + Myocardial failure	

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clara Schmidt M. D.

(Address) 4706 Harford Rd

M. D. H. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86224 E 86224

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Collett St. 15-00 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maggie Lane

(a) Residence: No. 619 Collett St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885-Sept

7. AGE Years 47 | Months 4 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Lane

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Lyles

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Dora Lane

(Address) 1104 Ellum

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Jan 6 1933

19. UNDERTAKER Archibald E. Ladylis

(Address) 1848 McCulloh St.

20. [illegible] Huntington Williams, M.D.

JAN 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1933 to Jan 3 1933

I last saw h[illegible] alive on Jan 3 1933 and that death is said to have occurred on the date stated above, at 7 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cerebral Hemorrhage	2 hours

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. 1268-9

E 86225

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86225

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH Maryland General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 9-00 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Bavett (Bavett)

(a) Residence: No. 1827 Montpelier St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (Welsh)

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Elizabeth W. Bavett

6. DATE OF BIRTH (month, day, year) Feb. 15, 1887

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
45	10	1920	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yellow Cab Co.

10. Date deceased last worked at this occupation (month and year) 12-22-32

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Paul Bavett

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Eliz Bavett

(Address) 1547 - Montpelier St

18. BURIAL, CREMATION, OR REMOVAL Interment

Place St. Mary's Long Island, N.Y. Date 1/6/33, 19

19. UNDERTAKER George J. Puttorff Inc.

(Address) 1235 Harford Ave.

20. FILED JAN 5 - 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-30, 1932, to 1-4, 1933

I last saw him alive on 1-4, 1933. Death is said to have occurred on the date stated above, at 7:12 A m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Lobar Pneumonia	1/1/33
Appendicitis	12/30/32

Other contributory causes of importance:

Peritonitis	12-30-32

Name of operation Appendectomy Date of 12-30-32

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) Md. General Hospital

M. D. H. 1268-0

E 86226

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86226

CERTIFICATE OF DEATH

X 133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-0 Ward)

Length of residence in city or town where death occurred yrs. mos. 1½ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Wilson

(a) Residence: No. Millington Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Wilson

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME William Shaha

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Millington Md Date 1/5/33 19

19. UNDERTAKER Geo. Kehoe
(Address) 220 Bway

JAN 5 - 1933 19 Hunter for [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3/33. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Other contributory causes of importance:	
Sclerosis of aorta & coronary arteries	?
Chronic nephritis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Hacon Coroner, M. D.

(Address) 508 E Fayette St

M. D. B. 1268-9

E 86227 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86227

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1318 Linden Ave St. 11-0 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Matilda S. Dyer

(a) Residence: No. 1318 Linden Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S. Dyer.

6. DATE OF BIRTH (month, day, year) December-9-1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Thos. Worthington

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Dyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Augusta Dreschler

(Address) 913 E. University Pkwy.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 1-6-1933

19. UNDERTAKER Stewart & Mowen Company

(Address) 109-20 North Avenue

20. FILED JAN 6 1933 Wellington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 1932 to Jan 3 1933

I last saw her alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 8 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Hypostatic	

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Frantz M. D.

(Address) 1123 Linden Ave

Spec.—7-17-26—A Co.—200 Blks.

E 86228

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86228

CERTIFICATE OF DEATH

94-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 509 S. Patterson Pk. Ave St., 1-00 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME FRANK E. JOHNSON.

(a) RESIDENCE NO. 509 S. Patterson Pk. Ave St. 1 Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Johnson

6 DATE OF BIRTH (month, day, and year) Nov. 1879

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
53	54	2	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md.

PARENTS

10 NAME OF FATHER Andrew Johnson

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Italy

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Italy

14 Informant Elizabeth Johnson (Wife)

(Address) 509 S. Patterson Pk. Ave.

15 Filed 19 Huntington Williams

JAN 5 - 1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19 Jan. 3 1933.

17 I HEREBY CERTIFY, That I attended deceased from 12/5/31, 19, to 1/3/33, 19, that I last saw h[illegible] alive on, 19, and that death occurred, on the data stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:

Arteria Sclerosis

Coronary Thrombosis

Angina Pectoris

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Pysical Sign

(Signed) Harold Stueber, M. D.

19 33 (Address) 3168 Pelham

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Louden Park.	1/6/33 19
20 UNDERTAKER	ADDRESS
Sally & Zeiler Inc.	403 S. Wolfe St.

Very Important. See instructions on back of certificates. Exact statement of OCCUPATION is

M. D. B. 1268-9

86229 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86229

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH 520 Chantean Ave. Registered No. 27-98

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth ? ...yrs. ...mos. ...ds.

2. FULL NAME Mrs. Catherine England.

(a) Residence: No. 520 Chantean Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christian England

6. DATE OF BIRTH (month, day, year) June 5, 1839

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Mrs. Elizabeth Seibert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Miss Seibert

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Geo. Albrecht

(Address) 520 Chantean Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk. Cem. Date Jan. 7 1933

19. UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

20. FILED 1933 Huntington Hillsboro, A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 1933 to Jan. 5 1933

I last saw her alive on Jan. 4 1933 Death is said to have occurred on the date stated above, at 2 3/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Hurst H. Benson M. D.

(Address) 5111 York Rd

AACo. 5-H 2508

86230

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86230

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. 20-00

CITY OF BALTIMORE: (No. 525 Fallsway St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Mrs Elizabeth Jones,

(a) Residence: No. 525 Fallsway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced (or) WIFE of Isaac Jones.

6. DATE OF BIRTH (month, day, year) Sept 19, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Dec. 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

MOTHER FATHER

13. NAME Wm James.

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Isaac Jones,

(Address) 525 Fallsway St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Jan. 5, 1933

19. UNDERTAKER George L. Schmidt

(Address) 210 W. Lexington St.

Huntington Milleresia, N.Y.

20. FILED JAN 6 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 2, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1932 to Jan 2, 1933

I last saw h alive on Jan. 2, 1933 death is said to have occurred on the date stated above, at 3:50 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	12/20/32

Other contributory causes of importance:

Chronic Bronchitis.

Chronic Arteriosclerosis.

Name of operation None Date of —

What test confirmed diagnosis? Sy. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible], M. D.

1933. (Address) 888 Eastern Ave

Spec.—2-29-28—L. F. S.—500 Bks.

86231

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86231

82-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 753 BARTLETT ST., 9-00 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME SUSANNE REARD CROUX

(a) RESIDENCE NO. 753 Bartlett ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single, Married~~, Widowed, ~~or Divorced~~, (write the word)
Fem.	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of François Croux

6 DATE OF BIRTH (month, day, and year) Nov. 30, 1852

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	80	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Housework At Home.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Luxembourg, Prussia

10 NAME OF FATHER Dominick Reard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Luxembourg

12 MAIDEN NAME OF MOTHER Maria Hofelt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Prussia

14 Informant John B. Mason

(Address) 753 Bartlett Ave

15 Filed 5-1933 by ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4, 1933.

17 I HEREBY CERTIFY, That I attended deceased from Feb 1928, to June 4 1933

that I last saw h.. alive on June 4 1933

and that death occurred, on the date stated above, at 10.35 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage

Hemiplegia

(duration) 4 yrs. 11 mos. 24 ds.

CONTRIBUTORY (Secondary) Cerebral Sclerosis

(duration) — yrs. — mos. 10 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John K. Mercoulis M. D.

19 (Address) 3524 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Sioux City Iowa	June 7 1933

20 UNDERTAKER John O. Mitchell & Sons

ADDRESS 1900 Eutaw Place

M. D. B. 1268-B

232

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 86232

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 34

CITY OF BALTIMORE: (No. 2604 Hollins Ferry Rd St. 15-08 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Newman

(a) Residence: No. 2604 Hollins Ferry Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sadie Newman

6. DATE OF BIRTH (month, day, year): 9-15-1897

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Kinsale Va

FATHER

13. NAME: William Newman

14. BIRTHPLACE (city or town) (State or country): Kinsale Va

MOTHER

15. MAIDEN NAME: Alice Dean

16. BIRTHPLACE (city or town) (State or country): Kinsale Va

17. INFORMANT: Sadie Newman
(Address) 2604 Hollins Ferry Rd

18. BURIAL, CREMATION OR REMOVAL
Place: Mt Auburn Date: 1-6 19 33

19. UNDERTAKER: Thomas C. Nelson
(Address) 1303 Presidential

20. FILED: Huntington Williams Asst. Registrar.
1-5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 1 19 33

22. I HEREBY CERTIFY, That I attended deceased from 10/10 19 32 to Jan 1 19 33

I last saw him alive on Dec 31 19 32 Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tertiary Syphilis	10/10/32

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) B. N. Hatcher M. D.

(Address) 1715 E Ave

M. D. H. 1268-9

86233

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86233

CERTIFICATE OF DEATH

186-001

Registered No. 8-00

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 N. Montford Ave. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Slaughter

(a) Residence: No. #1629 N. Montford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Wm. H. Slaughter

6. DATE OF BIRTH (month, day, year) Dec. 23rd. 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James S. Williamson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Arie Ann ----

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John M. Slaughter
(Address) #1629 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date 1/6/33 . 19

19. UNDERTAKER Philip Herring & Co.
(Address) 2616 Eutaw St.

E 1933 Huntington Ave. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 6.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Other contributory causes of importance: Sprained Back	Dec 25 /32

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury . 19

Where did injury occur? 1629 N. Montford (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Slipped in kitchen & fell

Nature of injury to floor.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Gatch M. D.
Coroner

(Address) 508 E. Fayette

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86234

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 19 S. Carey St. 1600 St. Ward)

Length of residence in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Bernhardt

(a) Residence: No. 19 S. Carey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Bernhardt (wife)

6. DATE OF BIRTH (month, day, year) Sept. 15, 1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: un known

14. BIRTHPLACE (city or town) (State or country): un known

MOTHER

15. MAIDEN NAME: un known

16. BIRTHPLACE (city or town) (State or country): un known

17. INFORMANT: Mrs. Mary Bernhardt (Wife)
(Address) 19 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan. 6, 1933 19

19. UNDERTAKER: F. Vernon Leitner
(Address) 1532 Hollins St.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1932 to Jan 3 1933

I last saw him alive on Jan. 3 1933 Death is said to have occurred on the date stated above, at 9⁰⁰ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease, hypertension variety	
Other contributory causes of importance: Hemiplegia, rt.	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. S. Dresser M. D.

(Address) 1324 W. Lanvale St.

M. D. B. 1268-9

E 86235

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86235

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital - 00 St., non Resident Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jane Kramer

(a) Residence: No. Kenwood Ave - Raspeburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 23 1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John A. Kramer

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mamie Walter

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT John A. Kramer
(Address) Raspeburg

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Jan. 6 1933

19. UNDERTAKER Fred Lasselmo Sons
(Address) 7401 Belair Road

FILED JAN 5 1933 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Jan 5 1933

Last saw her alive on Jan 5 1933 Death is said to have occurred on the date stated above, at 12 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis	12/25/32
Meningococcus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Myron S. Free M. D.

(Address) Sydenham Hosp.

M. D. B. 1268-9

86236 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86236

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5801 Belair Road St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 2 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Mary Ellen Carr

(a) Residence: No. Cowenton, White Marsh, St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) White Marsh, Md.
(State or country)

FATHER

13. NAME Wilson C. Carr

14. BIRTHPLACE (city or town) Anne Arundle County
(State or country)

MOTHER

15. MAIDEN NAME Clara V. Gaither

16. BIRTHPLACE (city or town) Anne Arundle County
(State or country)

17. INFORMANT Wilson C. Carr
(Address) White Marsh, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mayo Md Date Jan 6 1933

19. UNDERTAKER A. J. Cox
(Address) Edgewater

JAN 5 - 1933 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4 1933

22. I HEREBY CERTIFY, That I attended deceased from January 2 1933 to January 4 1933

I last saw her alive on January 4 1933. Death is said to have occurred on the date stated above, at 4:30p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Profound Secondary Aneaemia	Nov. 32
Scarlet Fever with cervical adenitis	Aug "
Bilateral otitis media pur.	Sept. "

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) A. L. Wilkinson, M. D.
A. L. Wilkinson

(Address) 5713 Belair Rd

AdCo. 5-31 250B

E 86237

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86237

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Valley St. 10-00 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarissa J. Fussel

(a) Residence: No. 1028 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-13-1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph B. Fussel

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lydia Gordon

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Mary Fussell
(Address) 1028 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Jan 7, 1933

19. UNDERTAKER Bluff Mayfield & Co.
(Address) 914 Greenmount Ave

5-1933 Clark Stanley Hampton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1932 to Jan 5th, 1933

I last saw her alive on Jan 4, 1933 death is said to have occurred on the date stated above, at 7.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Neoplasm of Sternoid (Probably Carcinoma)	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mary Cook Willis, M. D.

(Address) 1325 S. Charles St

M. D. B. 1268-9

E 86238

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86238

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2300 E. Fayette St. 6-00 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME AMELIA FRANCES WILHELMINA BECKER

(a) Residence: No. 2300 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — — —
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 13, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Helhorn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Sophia Schumacher (Niece)
(Address) 514 McKewin Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemetery Date Jan. 6. 1933

19. UNDERTAKER Henry Sander & Sons, Inc.
(Address) Baltimore & Broadway.

20. FILED Jan 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1932, to Jan. 3, 1933

I last saw her alive on Jan 3, 1933 Death is said to have occurred on the date stated above, at 3.15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/23/32
Mitral & Aortic Insufficiency	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Henry Bottheas, M. D.

(Address) 2564 W. Pratt St.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86239

CERTIFICATE OF DEATH

E 86239

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Thames St. St. 26-09 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS PRUSTI

(a) Residence: No. 819 S. Newkirk St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of — — —

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Finland

FATHER

13. NAME Henry Prusti
14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Finland

17. INFORMANT Mrs. Hilja Niemi (friend)
(Address) 835 S. Lehigh St.

18. BURIAL, CREMATION, OR REMOVAL
Oak Lawn Cemetery Date Jan. 3, 1933 19
Place

19. UNDERTAKER Henry Sander & Sons, Inc. Geo. F. Sander
(Address) Baltimore St. & Broadway

Filed Jan 5 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 3, 33

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner, M. D.
(Address)

E 86240

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86240

CERTIFICATE OF DEATH.

V 89-002

1-PLACE OF DEATH BALTIMORE EYE EAR AND THROAT HOSPITAL REGISTERED NO. .....

CITY OF BALTIMORE: (No. 1214 EUTAW PLACE ST. 27-90 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME MICHAEL JOSEPH NOEL

(a) RESIDENCE. NO. 616 McCABE AVE ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W	MARRIED

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ETHEL NOEL

6 DATE OF BIRTH (month, day, and year) JAN 6, 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	29 28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work STATIONARY FIREMAN

(b) General nature of Industry, business, or establishment in which employed (or employer) 086

(c) Name of employer UNEMPLOYED

9 BIRTHPLACE (city or town) (State or country) HANOVER, PENNA

PARENTS

10 NAME OF FATHER JOHN F NOEL

11 BIRTHPLACE OF FATHER (city or town) HANOVER (State or country) PENNA

12 MAIDEN NAME OF MOTHER LOUISA KUHN

13 BIRTHPLACE OF MOTHER (city or town) MC SCHERRYTOWN (State or country) PA

14 Informant ETHEL NOEL (Address) 616 McCABE

15 Filed . 19 Huntington Williams M.D. Registrar

5-1933

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) JAN 4 1933

17 I HEREBY CERTIFY, That I attended deceased from NOV 12 1932, to JAN 4 1933.

that I last saw him alive on JAN 4 1933,

and that death occurred, on the date stated above, at 4:45 A.m.

The CAUSE OF DEATH* was as follows:

SEPTIC MENINGITIS

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) ACUTE MASTOIDITIS (Rt)

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? YES Date of NOV 23 1932 DEC 31 1932

Was there an autopsy? NO

What test confirmed diagnosis? SPINAL TAP + Hyps

(Signed) Nathan Snyder M. D.

. 19 (Address) 1214 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral

DATE OF BURIAL 1/6 1933

20 UNDERTAKER ADDRESS

M. H. R. 1265-3

E 86241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86241

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St., (Ward) 40-00

Length of residence in city or town where death occurred ..... yrs. 7 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Szymanski

(a) Residence: No. R.F.D. # 10 Box 320 Northern Road St., Sparrows Point Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31 - 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Szymanski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Catherine Lasicka

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John Szymanski

(Address) Fourth St. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan 6 1933

19. UNDERTAKER H. C. Szymanski

(Address) 1932 Eastern Ave

Huntington Williams, N.P.

FILED JAN 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1932 to Jan 4 1933

I last saw him alive on Jan 4 1933 Death is said to have occurred on the date stated above, at 5:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Otitis Media	Dec 17/32
Bronchopneumonia	" 23/32

Other contributory causes of importance:

Leukemia	Dec 25/32

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William E Brown M. D.

(Address) Municipal Hospital

Spec.—1-10-21—M&T—1500 Blks.

E 86242

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86242

CERTIFICATE OF DEATH.

21-002

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 613 S. Wolfe ST. 2-00 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Michal Bujewski

(a) RESIDENCE NO. 613 S. Wolfe ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S., if of foreign birth? 41 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Bujewski

6 DATE OF BIRTH (month, day, and year) Sept 1 1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Anthony Bujewski

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Josephine Bujewski

(Address) 613 S. Wolfe St.

15 [illegible] 1933 Huntington Hillcrest N.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 3 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1932, to Jan. 1, 1933, that I last saw him alive on Jan. 1, 1933, and that death occurred, on the date stated above, at 12 M. m.

The CAUSE OF DEATH* was as follows:

Influenza

Sudden

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Geo. D. Pitsopoy, M. D.

, 19 (Address) 432 S. Patterson Pk Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem

DATE OF BURIAL Jan 7 1933

20 UNDERTAKER [illegible] J. Fialkowski

ADDRESS [illegible]

M. D. B. 1268-B

E 86243 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86243

CERTIFICATE OF DEATH

X154 Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Greene Sts 4-00 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs.. 5 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME John Haviland

(a) Residence: No. Bel Air Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 17, 1916

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
16	11	12 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 109

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph B. Haviland

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Callahan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr Joseph Haviland

(Address) Bel Air Md R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place St Francis Date Jan. 9 . 33

19. UNDERTAKER Howard E. McComas

(Address) Huntington Pittsburgh, Pa

JAN 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5- , 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-31 , 1932 to 1-5 , 1933

I last saw h.. alive on 1-5 , 1933. Death is said to have occurred on the date stated above, at 12 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Convulsions	
Cellulitis of face & neck.	
Meningitis	

Other contributory causes of importance

Name of operation Laceration, Perineal Date of 11-21-32

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. K. Simmons Jr , M. D.

(Address) Greenmount Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86244

CERTIFICATE OF DEATH

E 86244

186-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2326 Jefferson St. 7-00 (Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Preller

(a) Residence: No. 2326 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John George Preller

6. DATE OF BIRTH (month, day, year) Sept 2/1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eshlep Germany

FATHER

13. NAME George Dorn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Nagengast

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John M. Preller
(Address) 2326 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan 7 1933

19. UNDERTAKER Wm. J. Miller & Son
(Address) 33 Washington Place, N.Y.

5-1933
(Date) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3/33

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Other contributory causes of importance: Fracture of left femur at hip	Dec 11/32

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury , 19

Where did injury occur? Front steps of home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Slipped on ice on steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. M. Preller, M. D.
Coroner

(Address) 508 E. Fort Ave.

M. D. B. 1208-8

E 86245

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86245

CERTIFICATE OF DEATH

XV 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital 9-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Schuman

(a) Residence: No. Hamburg Mt, Essex St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Schuman (Vogel)

6. DATE OF BIRTH (month, day, year) ~~Jan~~ Nov. 19, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
54	1	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter (House)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 50

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Henry Schuman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary B. Kuzberger

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Carrie Schuman

(Address) Hamburg Ave. Essex

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 7, 1933

19. UNDERTAKER John G. Connelly

(Address) Essex Md

20. 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec, 10, 1932 to Jan, 4, 1933

I last saw h... alive on Jan 4 1933 Death is said to have occurred on the date stated above, at 4.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acture pulmonary Tuberculosis	6 mos.
Other contributory causes of importance: Tuberculosis ovates myelitis - Upper Lip	2 mos.
Otitis media right Ear	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) St. Joseph's Hospital

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86246

CERTIFICATE OF DEATH

E 86246

Registered No. 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13-00 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Davis

(a) Residence: No. 3316 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie H. Davis

6. DATE OF BIRTH (month, day, year) 10-4-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 084

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Edw. Davis

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Turner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records of Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date Jan 7 1933

19. UNDERTAKER Walter Davis
(Address) 3418 Chestnut Ave

20. Hunter Williams Registrar.

1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1932 to 1-4 1933

I last saw h live on 1-4 1933 Death is said to have occurred on the date stated above, at 5:30 p.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	12-29-32

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

1-5-33 (Signed) Ellen Higbee M. D.

(Address) Balto. City Hospitals

See instructions on back of certificate.

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86247

CERTIFICATE OF DEATH

E 86247

93-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1830 N Bond St. 8-00 Ward)

Length of residence in city or town where death occurred 77 yrs. 10 mos. 17 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fredericka Ll. Wittekindt

(a) Residence: No. 1830 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE John Henry Wittekindt

6. DATE OF BIRTH (month, day, year) Feb 18 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	17th	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (mouth and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Rudolph H Gronert

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Ruppke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) J. William Wittekindt 1 W 3rd & Northern

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Jan 6 1933

19. UNDERTAKER Chas. L. Black (Address) 1918 W North Ave

20. FILED JAN 6 1933 19 Huntington Williams, N.E. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1932 to January 4 1933
I last saw her alive on January 4 1933 Death is said to have occurred on the date stated above, at 330 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Interstitial Myocardial Insufficiency	1 yr ago
	1 yr ago.
Other contributory causes of importance: Cardiac Dilatation	7 days.

Name of operation — Date of

What test confirmed diagnosis? Physical Exam No autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Eisenbrey M. D.
(Address) 2025 E North Ave

M. D. B. 1268-B

E 86248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86248

82-001

Registered No. 13-00

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3420 Keswick Rd St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Baughman

(a) Residence: No. 3406 Keswick Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. L. Baughman

6. DATE OF BIRTH (month, day, year) October 24-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	2	11	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm Bluppes

14. BIRTHPLACE (city or town) (State or country) London England.

MOTHER

15. MAIDEN NAME Catherine Grace

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Wm L. Baughman

(Address) 3420 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Date Jan 6 . 1933

19. UNDERTAKER Edwin L. Blank

(Address) [illegible]

Armington Williams M.D.

Registrar.

FILED 1-5-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4- . 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10 . 1929. to January 4- . 1933

I last saw her alive on 1-3- . 1933 Death is said to have occurred on the date stated above, at 4.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	12-31-32
Other contributory causes of importance: Hypertension	uncertain

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave

M. D. B. 1263-B

E 86249 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86249

CERTIFICATE OF DEATH

54

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3415 Keswick Road Ward 43-60)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida S. Hammond.

(a) Residence: No. 3415 Keswick Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clinton E. Hammond

6. DATE OF BIRTH (month, day, year) May 30 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME David R. Funk.

14. BIRTHPLACE (city or town) (State or country) Massachusetts

MOTHER

15. MAIDEN NAME Sarah D. Harrington

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Bertha Ball

(Address) 1244 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Hampden Date 1-7 1933

19. UNDERTAKER Chenowith Bros.

(Address) 3615-17 Eastern Ave

20. FILED ... 1933 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to Jan 4 1933

I last saw her alive on Jan 4 1933 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec 15
Arteriosclerosis	

Other contributory causes of importance:

Diabetes	10 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 2020 N. Charles

M. D. B. 1268-9

E 86250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86250

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 Hillman St. 10-9 Ward) 95-802

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Francis Burton.

(a) Residence: No. 1023 Hillman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura Virginia Burton.

6. DATE OF BIRTH (month, day, year) April 5 - 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 5 Yrs

12. BIRTHPLACE (city or town) (State or country) Hellton, Balto Co, Maryland.

FATHER

13. NAME Richard Burton.

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Pleasant Coe

16. BIRTHPLACE (city or town) (State or country) Balto Co. Maryland

17. INFORMANT Laura V. Burton
(Address) 1023 Hillman St.

18. BURIAL, CREMATION, OR REMOVAL Providence, Balto Co. Date Jan 7, 1933

19. UNDERTAKER Thomas Hodges.
(Address) 3615-17 Eastern Ave. Baltimore, Md.

20. FILED Jan 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 4-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-30-, 1932, to January 4-, 1933

I last saw h alive on January 4-, 1933. Death is said to have occurred on the date stated above, at 6:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Chester Rilands M. D.

(Address) 2532 Edmondson Ave.

1-30—M. & T.—100 B—50L

E 86251

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86251

CERTIFICATE OF DEATH

92-001
REGISTERED NO.

5-00

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 N. Exeter ST.) (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Charles. B. Rankin

(a) RESIDENCE NO 252 N Exeter ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March. 18: 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	9	16 14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Soldier 08b
(c) Name of employer Incapacitated

9 BIRTHPLACE (city or town)
(State or country) Indiana

PARENTS

10 NAME OF FATHER Edgar E. Rankin

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Indiana

12 MAIDEN NAME OF MOTHER Dora J Johnson

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Indiana

14 Informant Dolly R. Clemmens
(Address) 1412 Decatur St NW Wash. D.C.

15 Filed , 1933 Registrar

5 - 1933

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1933

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Investigation (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Endo. Carditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Osteo. Myelitis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? History & Case

(Signed) James M. Fenton M. D.
Coroner

1/4 1933 (Address) 7002 Chase St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL National Cemetery

DATE OF BURIAL 1/6 1933

UNDERTAKER Harry H. Writzke

ADDRESS 4101 Edmondson Ave

M. D. H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86252 E 86252

CERTIFICATE OF DEATH

210-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. General Hospital St. 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hugo V. Altshul

(a) Residence: No. 1623 Eutaw Place. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie D. Altshul

6. DATE OF BIRTH (month, day, year) Oct. 18, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	75	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Commer-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: cial Traveler

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vienna

FATHER

13. NAME ? Altshul

14. BIRTHPLACE (city or town) (State or country) Vienna

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Vienna

17. INFORMANT Mr. Hugo J. Altshul (Son)
(Address) 1623 Eutaw Place.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Har Sinai Cem. Date Jan. 6 1933

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

FILED 5-1933 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from ~~January~~ 1933 to 1933

I last saw h alive on ~~January~~ 1933 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured pelvis	1/4/33
Int. injuries	
Other contributory causes of importance:	
Automobile Accident	1/4/33

Name of operation none Date of

What test confirmed diagnosis: autopsy Was there an autopsy: Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/4 1933

Where did injury occur? Eutaw Pl & McMechin St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while crossing street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph P. Howard Coroner, M. D.

(Address) 2200 E. Madison St.

Spec.—1-13-33—V&T—500 Blks.

E 86253

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86253

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2808 Harford, Ave. ST., 9-00 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Pauline E. Miller

(a) RESIDENCE NO. 2808 Harford, A ve. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Miller

6 DATE OF BIRTH (month, day, and year) March 8, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	60	9	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife 031

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md.

PARENTS

10 NAME OF FATHER John Zeitler

11 BIRTHPLACE OF FATHER (city or town) Baltimore

(State or country) Md.

12 MAIDEN NAME OF MOTHER Eva Hergenhahn

13 BIRTHPLACE OF MOTHER (city or town) Baltimore

(State or country) Md.

14 Informant Charles H. Miller

(Address) 2808 Harford Ave.

15 Filed JAN 5 - 1933

Huntington Hillegass, M.D.

A. H. O.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 1/4 1933.

17 I HEREBY CERTIFY, That I attended deceased from Dec-20, 1932, to Jan 4, 1933.

that I last saw her alive on Jan 4 — , 1933

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Sub Acute Nephritis

(duration) yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) Uremia —

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Frederick A Cole, M. D.

, 19 (Address) 1255 Bolton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park

DATE OF BURIAL 1/7 1933.

20 UNDERTAKER Frederick A Cole

ADDRESS 700 W. Lexington St.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

86254

CERTIFICATE OF DEATH

53E 86254

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 S Payson St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louisa K. Ludwig

(a) Residence: No. 640 S Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John A Ludwig

6. DATE OF BIRTH (month, day, year): Dec 2, 1852

7. AGE: Years 80 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

FATHER

13. NAME: Henry Ellecomp

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Emerhoff

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Robert Ludwig
(Address) 640 S Payson St

18. BURIAL, CREMATION, OR REMOVAL. Place: London Park Date: Jan 7th 1933

19. UNDERTAKER: Wm Cook
(Address) 1212 St Paul St

Huntington Williams N.E.

FILED: JAN 5 1933 Registrar: [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1932 to Jan 4, 1933

I last saw her alive on 1/4/33, 19.33 Death is said to have occurred on the date stated above, at 6:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancerous of kidney	7/4/32
Other contributory causes of importance:	
Bronchopneumonia	1 day

Name of operation: None Date of: ...

What test confirmed diagnosis: Clinical Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens Ave.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86255

86255

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4510 Weitzell Ave 27th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin L. Rutherford

(a) Residence: No. 4510 Weitzell Ave St., Ward. Lauraville
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) ~~WIFE of~~ Elizabeth Catherine Rutherford

6. DATE OF BIRTH (month, day, year) Apr 7th 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrisonburg Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Harrisonburg Va

MOTHER

15. MAIDEN NAME ? Pulse

16. BIRTHPLACE (city or town) (State or country) Harrisonburg Va

17. INFORMANT O. B. Rutherford

(Address) 4510 Weitzell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Jan 7th 1933

19. UNDERTAKER Wm Cook

(Address) 1247 St Paul St Huntington Williams, Mgr

Registrar. 19

DATE RECEIVED 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from July 7 1932 to Jan 7 1933

I last saw h[illegible] alive on Jan 7 1933 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	July 7/32

Other contributory causes of importance:

General Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edgar V. Sandrock, M. D.

(Address) Medical Arts Building

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86256

CERTIFICATE OF DEATH

E 86256

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 Mt Royal Ave St. 44-00 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kate F. Overman

(a) Residence: No. 1507 Mt Royal St., ... Ward. Catonsville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of ——
(or) WIFE of ——

6. DATE OF BIRTH (month, day, year) Oct 15* 1842

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) ——

11. Total time (years) spent in this occupation ——

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Louise Rathje

(Address) 1507 Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan 6* 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4* 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-1- 1933 to 1-4- 1933

I last saw her alive on 1-4- 1933. Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1-3
Arteriosclerosis	"

Other contributory causes of importance:

Terminal Pneumonia	1-3

Name of operation —— Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Karl Steinmueller, M. D.

(Address) Medical Arts Bldg.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86257

CERTIFICATE OF DEATH

95 E 86257
95-002
Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Longwood St. 16-08 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Hood

(a) Residence: No. 1128 Longwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced (or) WIFE of Charles E. Hood

6. DATE OF BIRTH (month, day, year) April 9-1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	27 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Levi Crawford

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Lavina Bassett.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs Mary Crawford
(Address) 1128 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 7th 1933

19. UNDERTAKER Wm Cook
(Address) 1317 St Paul St

Thurlington Williams

5 FILED 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5- 1933

22. I HEREBY CERTIFY, That I attended deceased from November 18 1932 to January 5- 1933

I last saw her alive on December 23 1933 Death is said to have occurred on the date stated above, at 4:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	unknown
Other contributory causes of importance: none	—

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Rolands M. D.

(Address) 2532 Edmondson Ave.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86258 E 86258

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 N. Caroline St. 8-00 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary B. Shields

(a) Residence: No. 1409 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~
~~HUSBAND of~~
(or) WIFE of John P. Shields

6. DATE OF BIRTH (month, day, year) Feb 28th 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ×

11. Total time (years) spent in this occupation ×

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME James Brayshaw

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Jane Melville

16. BIRTHPLACE (city or town) Scotland (State or country)

17. INFORMANT Edith Shields
(Address) 1409 N. Caroline

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Jan 7th 1933

19. UNDERTAKER Wm Cook
(Address) 1317 Washington Boulevard, Balto

20. FILED JAN 5 1933, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1932 to Jan 4, 1933.
I last saw her alive on Jan 4, 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Dis	Unknown

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical determination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) George M. Fuller M. D.
(Address) 2430 Maryland Ave

M. D. B. 12684

86259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162 E 86259

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 40 S. Pulaski St. 20-22 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia A. Myers

(a) Residence: No. 40 S. Pulaski St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Ferdinand Myers

6. DATE OF BIRTH (month, day, year) Nov 14th 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
79	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Rossman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ella Sauer

(Address) 40 S. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Jan 7th 1933

Wm Cook

19. UNDERTAKER

(Address) 1217 E. Paul St

20. FILED ... 19... ... Registrar.

JAN 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932 to Jan 3, 1933

I last saw her alive on Jan 3, 1933 Death is said to have occurred on the date stated above, at 4.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	Oct 24
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robt J. Murray M.D. M. D.

(Address) 510 N. Fremont Ave

M. D. R. 1268-9

E 86260

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86260

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. Balto Md St. 3-00 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Alternater

(a) Residence: No. 24 1/2 S Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) About 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk saw mill, bank, etc. Nicholson Awning Co

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Charles A

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Virginia Ann?

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Records Balto City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Jan 6th 1933

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

FILED 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1933 to 1-5 1933

I last saw him alive on 1-5 1933 Death is said to have occurred on the date stated above, at 7:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis,	1-2 33
Heart Disease arteriosclerotic	?

Other contributory causes of importance:

Nephritis

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

1-5 33 (Signed) Edw. Highberger Jr M. D.

(Address) Balto City Hospitals

M. D. B. 1267-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86261 — 86261

CERTIFICATE OF DEATH

79-001 — Registered No.

1. PLACE OF DEATH: Sydenham Hospital

CITY OF BALTIMORE: (No. ~~1601~~ Jackson St. 24-05 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 9 mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Lawrence Gantt

(a) Residence: No. 1601 Jackson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year): March 11, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	9	25/24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 5 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wilbur Gantt

14. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

MOTHER

15. MAIDEN NAME: Loretta Board

16. BIRTHPLACE (city or town) (State or country): Indiana

17. INFORMANT: Loretta Gantt
(Address): 1601 Jackson St

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Pk Date: Jan 7 1933

19. UNDERTAKER: A. Howard Evans
(Address): 3[illegible] E Fort Ave

20. FILED ..... 19..... ..... Registrar.

JAN 5 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1932 to Jan 5, 1933

I last saw him alive on Jan 5, 1933 Death is said to have occurred on the date stated above, at 5 25/A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Streptococcus)	12-15-32

Other contributory causes of importance: none

Name of operation: none Date of .....

What test confirmed diagnosis: Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Pete Moranchi M. D.

(Address) Sydenham Hospital

M. D. B. 1268-9

86262

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86262

CERTIFICATE OF DEATH

82-021

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 Aiken Street St., 4-02 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W Mitchell

(a) Residence: No. 1814 Aiken Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia (Currell)

6. DATE OF BIRTH (month, day, year) Jen. 16, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hours or minutes
83	II	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George Mitchell

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Francis Mitchell

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Emma F Bloom (Address) 1814 Aiken Street

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem. Date Jan. 6, 1933

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1932 to Jan 4, 1933

I last saw h[illegible] alive on Jan 1, 1933 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation & heart	Jan 1
Other contributory causes of importance:	
Cerebral hemorrhage	Sep 16

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos Chas W Donaldson M. D.

(Address) 1214 N Caroline St

OCCUPATION IS VERY important. See instructions on back of certificate.

J - 1933

M. D. B. 1268-9

E 86263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 86263

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1510 Cliftview Ave St., 8-00 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Rust

(a) Residence: No. 1510 Cliftview Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John D Rust

6. DATE OF BIRTH (month, day, year) Feb. 23, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
35	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William F Wieners

14. BIRTHPLACE (city or town) Georgia
(State or country)

MOTHER

15. MAIDEN NAME Anna M Ahles

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT John D. Rust
(Address) 1510 Cliftview Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan. 7, 1933

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 5-1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 , 19 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 , 32 to 1-5 , 33

I last saw h[illegible] alive on 1-3 , 33 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 mos

Other contributory causes of importance:

acute Cardiac Dilatation	day

Name of operation ..... Date of 20

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86264 E 86264

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hosp. St., 8-0 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GEORGE BREITENBACK.

(a) Residence: No. 2111 Sinclair Lane. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude Breitenback.

6. DATE OF BIRTH (month, day, year) July 15 1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loan Business. 643

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Casper Breitenback.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Josephine --------

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Gertrude Breitenback (Wife)
(Address) 2111 Sinclair Lane.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Jan. 7, 1933

19. UNDERTAKER Lilly & Zeiler Inc.
(Address) 403 S. Wolfe St.

20. FILED 1933 Hunter Fitzpatrick, 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/33. , 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic Myocardial Insufficiency	

Other contributory causes of importance:

Reported Hypertension	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Hall. M. D.
Coroner

(Address) 508 E. North Ave.

M. D. B. 1268-9

E 86265

E 86265 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-003

1. PLACE OF DEATH Balto city Hospitals

CITY OF BALTIMORE: (No. 600 St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 4 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Wm de Graff

(a) Residence: No. 220 Belnord St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed or divorced: HUSBAND of WIFE of Sophie de Graff

6. DATE OF BIRTH (month, day, year) Aug 10-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME George de Graff

14. BIRTHPLACE (city or town) (State or country) Gettysburg Pa.

MOTHER

15. MAIDEN NAME Sophie Yeager

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Jan 7 1933

19. UNDERTAKER John McGrath

(Address) Huntington Terrace Balto Md

6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-25 1932 to 1-4 1933

I last saw him alive on 1-4 1933. Death is said to have occurred on the date stated above, at 5 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Heart disease	
Cerebral hemorrhage	
Cerebral thrombosis	

Other contributory causes of importance:

Myocardial failure	1-4-33

Name of operation no Date of —

What test confirmed diagnosis? CF Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm Bruce Selbach M. D.

(Address) Balto city Hosp

M. D. R. 1268-9

E 86266

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86266

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 705 Mount Holly St. 20-08 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth J Sullivan

(a) Residence: No. 705 Mount Holly St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Geo G Sullivan

6. DATE OF BIRTH (month, day, year) May 30 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Robert Orr

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rachael McKenney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robt Sullivan

(Address) 705 Mount Holly St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Jan 6 19 33

19. UNDERTAKER John Ulrich & Sons

(Address) 1300 Edmondson Ave

20. FILED ..... 19 ..... Registrar

JA 6 - 1933 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1932 to Jan 3 1933

I last saw him alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 1 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma Bladder	?
Other contributory causes of importance:	
Cachexia - Myocarditis	3 wk

Name of operation None Date of .....

What test confirmed diagnosis? Denial Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo G Wrang M. D.

(Address) 4000 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

86267

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86267

157-103

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 Arlington Ave St., Gynus Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U.S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Donald Foster Heyde

(a) Residence: No. 506 Arlington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 24, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Stirling Heyde
14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lillian E. Foster
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT J. S. Heyde
(Address) 506 Arlington Ave, Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Jan 7 1933

19. UNDERTAKER Wm. C. Burch & Son
(Address) Towson, Md.

20. FILED Jan 7 1933 [illegible] Registrar.

6-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932 to Jan 5, 1933
I last saw him alive on Jan 5, 1933 death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12/27/33
Other contributory causes of importance: Congenital Heart D	Birth

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter C Bacon, M. D.
(Address) 122 E 20th St.

86268

26364 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86268

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 600 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Peyton Rosser

(a) Residence: No. 1532 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, year) 5/10/10

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Car

FATHER

13. NAME Prince Rosser

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME Martha Williams

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Littleton NC Date Jan 7, 1933

19. UNDERTAKER Robt. F. Wiseheart

(Address) 1515 McCulloh St

FILED 6-1933 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1932 to Jan 5, 1933

I last saw him alive on Jan 5, 1933 Death is said to have occurred on the date stated above, at 140 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Obstructive Pulmonary Tuberculosis (L) Complicated	1931

Other contributory causes of importance:

Name of operation Thoracoplasty (L) Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Schwartz, M. D.

(Address) Johns Hopkins Hosp

INSTRUCTION IS very important. See instructions on back of certificate.

M. D. B. 1268-0

86269

HEALTH DEPARTMENT—CITY OF BALTIMORE

86269

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 17-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Stewart

(a) Residence: No. 2835 Remington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 24, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Stewart

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Laura Stokes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Lookout Date Jan 8. 1933

19. UNDERTAKER Archibald L. Gadsby
(Address) 1220 E. Fulton St.

20. FILED JAN 9 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932 to Jan 7, 1933

I last saw her alive on Jan 4, 1933. Death is said to have occurred on the date stated above, at 11:38 a. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Left) (Pneumococcus type V)	9 days
Pneumococcic Pericarditis	2 days

Other **contributory causes** of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. H. Burns M. D.

(Address) Mercy Hospital

E M. 86870 268493

HEALTH DEPARTMENT—CITY OF BALTIMORE 86270

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1-05 Ward)

Length of residence in city or town where death occurred 58 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Dempwolf (Dempwolf)

(a) Residence: No. 1800 Ashland ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/17/62

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ger

FATHER

13. NAME Theodore Dempwolf

14. BIRTHPLACE (city or town) (State or country) Ger

MOTHER

15. MAIDEN NAME Theresa Selling

16. BIRTHPLACE (city or town) (State or country) Ger

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date 1/7/33 19

19. UNDERTAKER Philip Herring
(Address) 2611 Eutaw

20. FILED JAN 6 - 1933 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933 to Jan 5, 1933

I last saw h.. alive on Jan 5, 1933 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Arteriosclerosis.	
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D. G. Clark M. D.

(Address) Johns Hopkins Hospital

INSTRUCTION: This is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 86271

86271 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3104 Weaver Av (St.) 27-20 (Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..da. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da.

2. FULL NAME Dorothy F. Chance

(a) Residence: No. 3104 Weaver Ave St. Ward.
(Usual place of nbode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Howard E. Chance

6. DATE OF BIRTH (month, day, year): Feb 26 90

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: August Uphoff

14. BIRTHPLACE (city or town) (State or country): Ger

MOTHER

15. MAIDEN NAME: Dorothea Hillman

16. BIRTHPLACE (city or town) (State or country): Ger

17. INFORMANT: Howard E. Chance
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Patterson, Date: 1/6/33

19. UNDERTAKER: Pfeil & Henry
(Address): 2016 Orleans St

20. FILED ..... 19.. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Jan 3, 193.. I last saw h.. alive on Jan 31, 193.. Death is said to have occurred on the date stated above, at 10:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilitation	Jan 3
Other contributory causes of importance:	
Bronchial Carcinoma	1928

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Alma B Lemmon, M. D.

(Address) 718 N Pat Pl

See instructions on back of certificate. Accuracy in this matter is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

59 E 86272

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

County E 86272

Village or City Balto Md. (No. 3819 Park Heights Ave. Ward)

*FULL NAME Bertha Weisberg. 40 yrs in city

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Jan 3 Month, 1873 Year

7 AGE: 60 yrs ... mos ... ds. If LESS than 1 day, ... hrs. OR ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): 037

9 BIRTHPLACE (State or country): Hungary

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): Hungary.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (State or country): Hungary.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) David J. Weisberg - Son
(Address) 3819 Park Heights ave

15 Filed ... 1933 ... Hunting for Wife REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan. 4th (Month) (Day), 1933 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10 30 PM, 1933 to 11 P M, 1933
that I last saw h.. alive on Jan 4th, 1933
and that death occurred on the date stated above, at 11 P M.
The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Duration) ... yrs. ... mos. ... ds.

Contributory Secondary: Diabetes

(Duration) ... yrs. ... mos. ... ds.

(Signed) Samuel Weinberg, M. D.
Jan 5th, 1933 (Address) 3735 Pk Hgts Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Hebrew Friendship — DATE OF BURIAL: 1-6, 1933

20 UNDERTAKER: Jack Lewis Inc. — ADDRESS: 1439-41 E. Balto St.

AUG - 1933

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

M. D. B. 1268-9

E 86273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. ....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Patt. Pk. Ave. St. 6700 Ward)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abram Rheeta

(a) Residence: No. 14 N. Patt. Pk. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sonia Rheeta

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abram Rheeta

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rosar

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Rheeta Son
(Address) 2201 E. Pale. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mizpah Cem Date 1-8-, 1933

19. UNDERTAKER ACE Funeral Inc.
(Address) 1334 E. Baltimore St

20. FILED ... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1932 to Jan. 6, 1933

I last saw him alive on Jan. 5, 1933 Death is said to have occurred on the date stated above, at 5:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular-renal disease	Several years ago
Other contributory causes of importance: Bronchio-pneumonia	36 hours ago

Name of operation none Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. A. Sussman, M. D.

(Address) 2340 Eutaw Place

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

86274 HEALTH DEPARTMENT—CITY OF BALTIMORE 86274

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 S. Duncan St., 1-00 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret H. Smith

(a) Residence: No. 421 S. Duncan St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph F. Smith

6. DATE OF BIRTH (month, day, year) August 13, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Herman Bokman

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Henretta Radtka

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Joseph F. Smith
(Address) 2808 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Swartz Cmty. Date Jan 6, 1933

19. UNDERTAKER John A. Mohan
(Address) 3000 E. Balto St.

20. FILED ... 1933 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 1932, 19... to January 3, 1933

I last saw h.. alive on January 3, 1933 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importanre:	

Name of operation ... Date of ...

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Arrident, suiride, or homiride? ... Date of injury ..., 19...

Where did injury ocrur? ... (Specify city or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Maud Cuer M. D.

1-3-33 (Address) Medical Ass Bldg Balto Md

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

E 86275 HEALTH DEPARTMENT—CITY OF BALTIMORE E 86275

CERTIFICATE OF DEATH

179

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 16-08 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evelyn Floyd

(a) Residence: No. 1203 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Charles Floyd.

6. DATE OF BIRTH (month, day, year) Jan 2, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Dec. 30, 1932

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Nottoway Virginia

FATHER

13. NAME (?) Lee

14. BIRTHPLACE (city or town) (State or country) Virginia (?)

MOTHER

15. MAIDEN NAME Mary Tisdale

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Charles F. Floyd
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 1-4, 1933

19. UNDERTAKER Dent Foster
(Address) 916 Pennsylvania Ave.

20. FILED 1933 Huntington Indiana
Registrar.

JAN 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/1/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to Jan 1, 1933

I last saw her alive on Jan 1, 1933. death is said to have occurred on the date stated above, at 8:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Encephalitis (Morphine poisoning?)	12/31/32
Other contributory causes of importance:	
Syphilitic Aortitis (?)	

Name of operation Intravenous Saline Injection Date of 1/1/33

What test confirmed diagnosis Clinical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis F. Longstaff M. D.

(Address) 1111 Hoyt.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86276

CERTIFICATE OF DEATH

82-001 E 86276

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Tyson St. 11-00 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carr Edwards

(a) Residence: No. 907 Tyson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 27 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Brady Edwards
(Address) 907 N Tyson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 1-6 1933

19. UNDERTAKER Dent Taylor
(Address) 416 N Gay St

20. FILED 1-6-1933 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to Jan 1, 1933

last saw him alive on Jan 1, 1933 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
(Cause unknown)	
(1st visit)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. A. Harris, M. D.

(Address) 1200 Penn Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 E 86277

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1076 McCulloh St. 11-00 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Allen

(a) Residence: No. 10 N McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Allen

6. DATE OF BIRTH (month, day, year) 68 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mollie Sheeton

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Allen
(Address) 10 N McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 1-6 1933

19. UNDERTAKER Dent Ecker
(Address) 26 Biddle

JAN 6 1933 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/4/33

22. I HEREBY CERTIFY, That I attended deceased from 12/6/32 to 1/4/33

I last saw her alive on 1/4/33, 19 Death is said to have occurred on the date stated above, at 6:40 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemm.	
Influenza	12/32

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Hall, M. D.

(Address) 924 Madison

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

E 86278

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86278

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 ½ Fremont ave St., 14 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Meyer Pollack

(a) Residence: No. 102 N. Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannah

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 089

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob Pollack

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Tema Fines

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hannah Pollack

(Address) 102 N. Fremont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date Jan 6 19 33

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED 19 Registrar.

JAN 5 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 5 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to Jan 5 19 33

I last saw him alive on Jan 5 19 33 Death is said to have occurred on the date stated above, at 3.30 p m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Hypertension

Name of operation None Date of

What test confirmed diagnosis? Clinical & Lab Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isidor I. Jaffe M. D.

(Address) 2324 Eutaw pl

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

86279 E 86279

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6255 St Johns Rd St., Ruxton Park Ward) 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 11 mos. 30 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Elizabeth Meeth

(a) Residence: No. 3507 Liberty Heights Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 5 1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Nicholas Meeth

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mina Meeth

(Address) 3507 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Place St Pauls Dund Hike Plz Date 1-7 1933

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 2327 Edmondson Ave

JAN 6 1933

Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1932 to Jan 4 1933

I last saw h. alive on Jan 3 1933 Death is said to have occurred on the date stated above, at 4.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
many years	
Other contributory causes of importance:	
Chronic Interstitial Nephritis	
5 years	

Name of operation None Date of .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wilhelmine Ewald M. D.

(Address) 2945 St Paul St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86280 HEALTH DEPARTMENT—CITY OF BALTIMORE B 86280

CERTIFICATE OF DEATH

92-001

Registered No. 24-120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 E. 31 St St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 3 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie R. Fowler

(a) Residence: No. 1431 William St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Monroe Fowler

6. DATE OF BIRTH (month, day, year) Sept. 9 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	85	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Ritter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah E. Wells

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. F. A. Ekas
(Address) 1431 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 1/9 1933

19. UNDERTAKER J. Flew McCully
(Address) 130 E. Fayette
Huntington Avenue, Md.

JAN 9 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-6 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1932 to Jan 4th 1933

I last saw her alive on Jan 4th 1933 Death is said to have occurred on the date stated above, at 8 A.M.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	
Other contributory causes of importance: Cardiac Failure	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert S. Kirk M. D.

(Address) 3126 Hanford Rd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 1933

E 86281

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86281

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1841 Light St. St. 24-00 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John E. Huber

(a) Residence: No. 1841 Light St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura L. Huber

6. DATE OF BIRTH (month, day, year) Mar. 9 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat. E. & S Co.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Phillip Huber

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Laura L. Huber
(Address) 1841 Light St

18. BURIAL, CREMATION, OR REMOVAL.
Place Bd. Hill Date 1/6 1933

19. UNDERTAKER J. Frew Mc Cully
(Address) 130 E Fort. Huntington Avenue, N.E.

20. FILED JAN 6 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1932 to Jan. 3 1933

I last saw him alive on Jan 2 1933 Death is said to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indefinite	
Exhaustion	1/1/33

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. K. Campbell M. D.

1/4/33 (Address) 164 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AdCo. 5-H 250B

E 86282

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86282

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2837 Mayfield Ave St., 8-00 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry E. Lammert

(a) Residence: No. 2837 Mayfield Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Anna B. Lammert

6. DATE OF BIRTH (month, day, year) Oct. 5th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McCormick & Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME E. Henry Lammert
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Voll
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robt. Bair
(Address) 2837 Mayfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balt. Cemetery Date 1/6 1933

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. FILED Huntington Indiana, Ind
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 4th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to Jan 4, 1933
I last saw him alive on Jan 4th, 1933 death is said to have occurred on the date stated above, at 10 55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

High Blood Pressure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Adam Dod, M. D.
(Address) 4616 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 1933

Spec.—2-29-28—L. & S.—500 Bks.

E 86283

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86283

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE; (No. 1163 Lowr ST. 5-09 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sarah Morris

(a) RESIDENCE NO. 1163 Lowr ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Morris

6 DATE OF BIRTH (month, day, and year) 1862

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER [illegible]

11 BIRTHPLACE OF FATHER (city or town) [illegible] (State or country)

12 MAIDEN NAME OF MOTHER Sarah Golden

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Estella Woodson

(Address) 923 Sterling Ste

15 Filed JAN 6 - 1933 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 4-33

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Jan 4, 1933, that I last saw h alive on Jan 4, 1933, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) 0 yrs. 8 mos. 1 ds.

CONTRIBUTORY (Secondary) Cardio-Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) L. Edward Fisher, M. D.

Jan 5, 1933 (Address) 1612 E Monument St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Natdre of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Crem.

DATE OF BURIAL 1-7-1933

UNDERTAKER Brown & Mamie Dwight

ADDRESS 1218 McElderry

Of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

86284

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86284

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 132 N. Carey St., 15-20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ronald Isabell

(a) Residence: No. 132 N. Carey St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 4 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4 3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm Isabell

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Selina Espy

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Wm Isabell

(Address) 132 N. Carey

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lev Date Jan 6 1933

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

19. FILED JAN 6 1933 19... Katie R. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 5th 33

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
4 Days	

Other contributory causes of importance:

Name of operation: None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Funk Coroner, M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

Pynes

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86285

E 86285

108

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO. 16-08

CITY OF BALTIMORE: (No. 1136 N. Carey ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary L. Pines

(a) RESIDENCE NO. 1136 N. Carey ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nathaniel Pynes

6 DATE OF BIRTH (month, day, and year) Sept 15, 1858

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	4	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) Own

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John N. Butler

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Jones

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virg.

14 Informant Mamie Jones

(Address) 1136 N. Carey St

15 Filed JAN 6 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan. 2 1933

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932, to Jan 2, 1933

that I last saw h[illegible] alive on Jan 1, 1933

and that death occurred, on the date stated above, at 8,45 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Chr Pneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Observation & Symptoms

(Signed) C. R. Howell, M. D.

Jan 6, 1933 (Address) 712 S. Wash Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Laurel Cem.	1-6 1933
20 UNDERTAKER Thomas E. Nelson	ADDRESS 1553 Pittsman Pl

Important. See instructions on back of certificates.

Use black or blue ink, so that it may be properly classified. Exact statement of OCCUPATION is very

M. D. B. 1268-9

E 86286

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86286

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1846 Mill Lane Ave. St., 70-00 (Ward)

Length of residence in city or town where death occurred 48 yrs. 9 mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles J. Forney

(a) Residence: No. 636 St. Ann's Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ola L. Forney

6. DATE OF BIRTH (month, day, year): April 30th 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk for City

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 609

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Charles F. Forney

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Theresa M. Sears

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Ola L. Forney
(Address) 636 St. Ann's Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem. Date 1/6, 1933

19. UNDERTAKER Frye & Stanley
(Address) Fuller & Lafayette Ave.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 4th 1933

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held an inquiry ~~last saw h... alive on~~ said inquest ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset: Suddenly

Other contributory causes of importance:

unknown

Name of operation None Date of ...

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Guy W. Thompson M. D.
Coroner

1/5/33 (Address) 203 Patapsco Ave. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

William Esposito ✓

E 86287

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86287

CERTIFICATE OF DEATH

117-001

Registered No.

1. PLACE OF DEATH — Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto. Md St. 1-00 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — William Esposito

(a) Residence: No. 525 S. Louserne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Marie Esposito

6. DATE OF BIRTH (month, day, year) — 3-4-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) — Balto. Md.

FATHER

13. NAME — Anthony Esposito

14. BIRTHPLACE (city or town) (State or country) — Balto. Md.

MOTHER

15. MAIDEN NAME — Minnie Rackel

16. BIRTHPLACE (city or town) (State or country) — Balto. Md.

17. INFORMANT — Records City Hospitals Balto.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Jan. 9 1933

19. UNDERTAKER — Lilly & Zeiler Inc.
(Address) 405 S. Howard St.

20. FILED — Huntington Hines, M.D. Registrar.

JAN 6 - 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-5 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-2 1933 to 1-5 1933

I last saw h... alive on 1-5 1933 Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Hemorrhage from ulcer	1-2-33

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

1-5-33 If so, specify —

(Signed) Hans Bjerkerp M. D.

(Address) Balto. City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 86288 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 86288

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Edmondson ave St. 90-06 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Katharine Oberlander

(a) Residence: No. 2503 Edmondson Ave St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Henry Oberlander

6. DATE OF BIRTH (month, day, year) Dec 14-1859

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	73	—	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Lenz

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT D. Lester Weber.

(Address) 2503 Edmondson ave.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Cem Date Jan 7 1933

19. UNDERTAKER Leo Mihalovich

(Address) 2503 Edmondson Ave

FILED JAN 9 1933 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 5- 1933

22. I HEREBY CERTIFY, That I attended deceased from May 30- 1931 to January 5- 1933

I last saw her alive on January 5- 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute dilatation of Heart	1-4-33
Organic Heart Disease	unknown
Hypertension	unknown

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Rikard M. D.

(Address) 2503 Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—9 30—A. & Co.—250 Bks

E 86289 HEALTH DEPARTMENT—CITY OF BALTIMORE 86289

CERTIFICATE OF DEATH.

11-001

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Home for Incurables.

CITY OF BALTIMORE: (No 40th St a Resinet Rd ST) 13-00 (WARD)

2-FULL NAME Mrs Esther Haugh Briscoe

(a) RESIDENCE NO. Home for Incurables ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Henry Briscoe

6 DATE OF BIRTH (month, day, and year) Jan 18 1841

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	91	11 mos	19	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of Industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) Somerset Co.
(State or country) Maryland

PARENTS
10 NAME OF FATHER Joseph Coltman
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland
12 MAIDEN NAME OF MOTHER Elizabeth Dennis
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Hospital Records
(Address)

15 Filed JAN 6 1933 19 Huntington W. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 5 1933

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to Jany 5, 1933
that I last saw her alive on Jany 5, 1933
and that death occurred, on the date stated above, at 10 P. M.
The CAUSE OF DEATH* was as follows:

Influenza

(duration) yrs. mos. 8 ds.
CONTRIBUTORY (Secondary) Bronchopneumonia
(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Typical Exam
(Signed) W W B Mayo M. D.
1/5, 1933 (Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Princess Anne Md — DATE OF BURIAL: Jan 7 1933
20 UNDERTAKER: Chas. E. Franck — ADDRESS: 801 Madison Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-9

E 86290

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 86290

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Montgomery

(a) Residence: No. 618 Fairmont Ave or 914 W. Fayette 2nd Floor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Montgomery.

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 0-0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... Tenn. (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) Unknown. (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ... (State or country)

17. INFORMANT ... (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Jan 6th 1933

19. UNDERTAKER Commissioner of Health (Address)

20. FILED ... 1933 ... Registrar.

0029

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28th 1932 to Dec. 28th 1932

I last saw h... alive on Dec. 28th 1932 Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Ernest J. C. Hollenbeck M. D.

(Address) Univ. Hospital

M.D.

OCCUPATION is very important. See instructions on back of certificate.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 6th DAY August

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #E83076- Sept. 23, 1932 AND

ENDING WITH #E86290 Jan. 6, 1933 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Treasury

BUREAU OF Municipal Securities AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

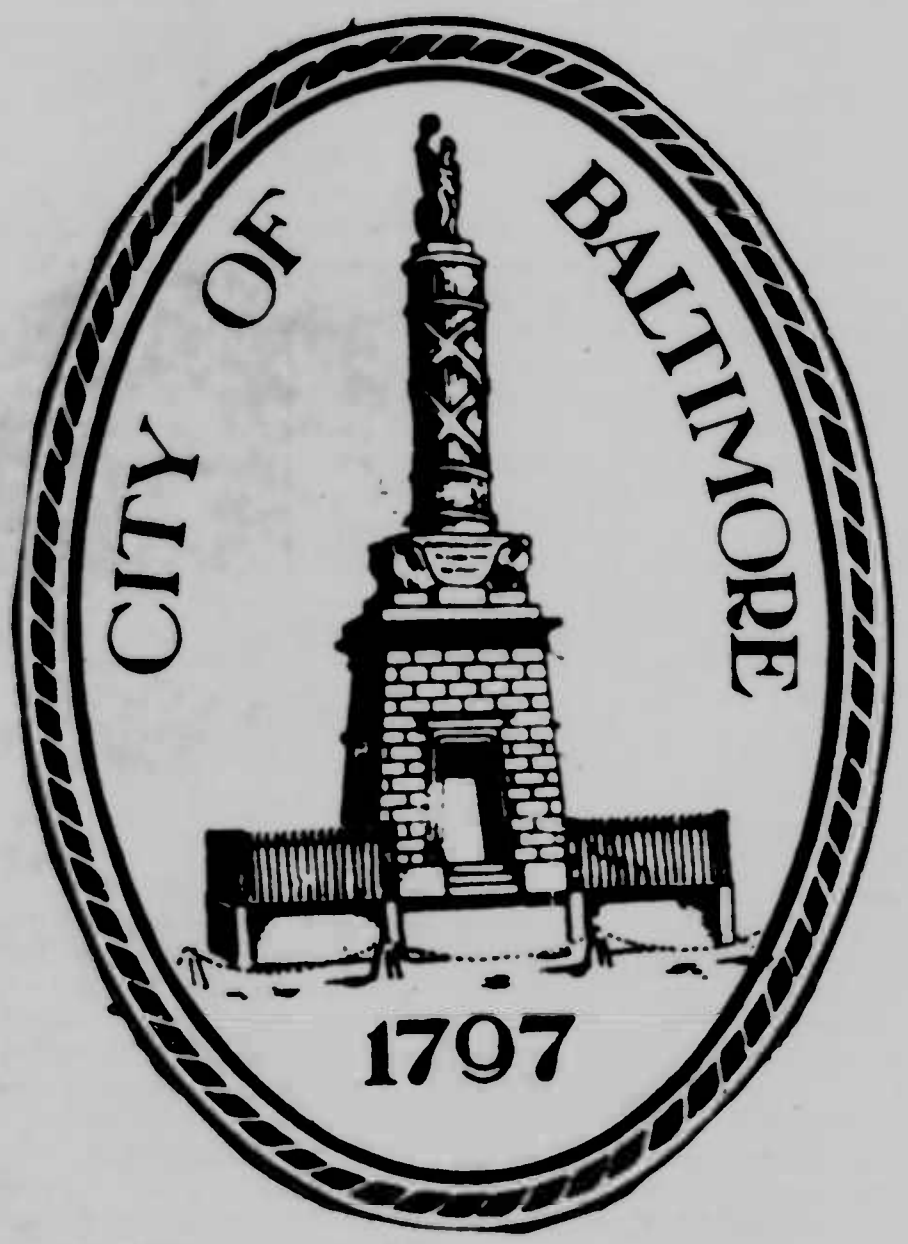
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL